Lumleian Lectures
ON
INSANITY IN ITS LEGAL RELATIONS.

Delivered at the Royal College of Physicians,

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LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—Seeing that every medical man who practises his profession in this country is liable to be called upon, and sometimes compelled, to give evidence in courts of law in his professional capacity as to the mental state and condition of persons supposed or alleged to be insane, and that he cannot in any way exempt himself from this responsibility, it appears to me to be the unquestionable duty of every such medical man to make himself competent to form and to give an opinion on this question which may be just to society and creditable to himself. Any medical man may, I suppose, decline to attend a patient who is known to be a lunatic, but unless he were able to have all his patients not only certified that they were not insane, but also to provide that they should not become insane, the liability to be called into the witness-box can by no means be avoided. And it is to be remembered that in some respects this social duty lies closer at hand to the physician in general practice than to the expert, for it is the former who is intimate with the inner daily life of English homes, and who is therefore most brought into view of those stages of mental disease during which criminal offences are most likely to be committed. For it is not when a man has been recognised as insane, or even strongly suspected so that the opinion of a mental physician has been procured, that he is most likely to be in the way of committing an offence; but during those earlier periods when, if the insanity is not yet fully developed, it is at least imperfectly observed. It is then that provocations are felt, temptations experienced, and opportunities afforded, and that the medical man who is nearest, and not the one who has studied insanity most, is likely to see and hear things of which he is bound to give, not only a full account in a court of justice, but a professional explanation and opinion. I think there is no subject so important to medical men generally, and one which is so little studied by them, as disease affecting the mind; but if there is any part of this subject of which it would seem to be most needful that they should have some knowledge, it is that part of it which accident may bring to them any day—namely, the relations of insanity with crime, and those of insanity with civil disability—the medico-legal relations of insanity as they have been called, but which, inasmuch as insanity implies medical relations, I prefer to abbreviate into the title of my subject, Insanity in its Legal Relations. The relations of insanity with crime are so much more important and interesting than those of insanity with civil disability that in the short time at our disposal I propose to confine myself to them.

It is a trite but a most important observation, that in the question of what constitutes insanity the members of the two great and learned professions of law and medicine entertain essentially different and seemingly irreconcilable views, and that on the question of the irresponsibility of criminals who are supposed to be insane there is a still wider chasm of opinion between them. To a certain extent this is true, and perhaps inevitable; and the reason of it is not difficult to find—that the two professions have to regard insanity and to deal with the insane with different aims and purposes. The physician has to prevent or cure it, and to him therefore the whole, and especially the early, history of the patient, embracing the causes and the development of the changes, bodily and mental, and affording perhaps some insight into its pathology, is of preponderating importance. With him the main question is to prevent its interference with the enjoyment and duration of the life of the patient. To the lawyer it matters not how the seed of insanity was sown, nor the growth of the plant, except as confirmatory evidence that the plant is there. With him the sole question is its existence, its degree, and its influence on the conduct—not, therefore, a medical but a moral one; and if the same mental states were capable of being produced by other conditions than disease, the same amount of irresponsibility would, I think, be recognised; as indeed is the case in children under seven years of age, in whom the law refuses to recognise the responsible knowledge of right and wrong.

But notwithstanding that there is this difference of standpoint, and therefore this divergence of view, from which the two professions generally regard insanity, it appears to me that this antagonism of opinion in individual cases and for specific purposes is unnecessary and dangerous. The physician ought to aid the judge, and the judge ought to accept the aid of the physician, to the utmost extent of his knowledge and ability and within his proper sphere: the judge being the authoritative exponent and administrator of the law; the physician, acting as a witness, being its important but casual instrument, he being simply called upon to recognise by his special knowledge that kind and degree of insanity to which immunity from punishment is attached, as he might be called upon to recognise by medical science that state of infancy to which also the same immunity is accorded.

If a law were to be enacted that a man suffering from typhoid fever, the result of bad local sanitation, should henceforth be exempted from local rates, there would no doubt be great discussion in medical circles as to the wisdom of the enactment; but in the administration of the law the duty of the medical witness would simply be the diagnosis of the particular form of continued fever and its origin; and a similar restriction of duty belongs to the medical witness in criminal trials where insanity is pleaded—namely, the diagnosis of that kind and degree of insanity which carries with it immunity from punishment. But the law of insanity has changed, is changing, and it may safely be predicted will continue to change, in the slow progress of our knowledge of the subject. The law follows knowledge, and bears, or ought to bear, a definite relation to it—not to hypothesis and speculation, but to the garnered harvest of real information possessed by the community. The knowledge of insanity possessed by our predecessors was but a few years ago only of the gross and palpable forms, and a reference to our older medical authors will show that what appears to be a clumsy law was really moulded upon an extremely narrow basis of medical science. Our medical forefathers had a very distinct notion of what they meant by a madman, and the lawyers had no choice but to apply a coarse test to a rude material. As an example, I may refer to that treatise on mental derangement by Dr. Francis Willis, which was founded upon the Gulstonian lectures delivered in this theatre in 1822, and in which this eminent physician divides the consideration of the nature and origin, the causes and the cure of mental derangement, into that of two conditions or varieties of insanity only—namely, into the high state and the low state. Compare with this Spartan simplicity our modern systems of classification. Lord Shaftesbury, whose knowledge of insanity in all its relations gives him a grasp both of principle and detail which is astonishing even to the most experienced experts, has not overlooked this point. In his evidence before the Select Committee last year, he mentioned a medical man—an excellent man—whom he knew very well, and who went to him thinking he had influence in the appointment of commissioners. "To show his extraordinary knowledge of the subject," said his lordship, "he gave me a sheet of paper as big as that, with a list of the forms of insanity. I counted them up, and they were forty in number. 'My dear sir,' said I, 'this will never do; if you reduce your principles to practice, you will shut up nine-tenths of the people of England.' And so they would; you may depend upon this, if we ever have special doctors, they will shut up people by the score." Can we wonder, therefore, if this be practical common sense view of the chairman of the Lunacy Commission on the unexciting subject of the certification of lunatics, that the judges of the land, in discharge of their terribly practical and onerous duty of repressing crime, should oppose themselves to the recognition and acceptance of these nosological refinements, which would seem likely to make nine-tenths of the people of England irresponsible for their conduct.

No doubt the extension of the meaning of insanity, as understood by medical men, has been due in a great measure

to more laborious and accurate methods of observation, resulting in actual discovery and increase of knowledge, and also to a more enlightened estimate of the correlation of insanity with other nervous diseases, but also, as it seems to me, it has gained an impulse from the adoption of hypotheses which have no direct relation to the actual existence of mental disease, and which, however admissible and even useful in the theoretical conception, and in the practical study of the causation of insanity, are completely out of place in the investigation of such practical questions as whether a criminal is or is not insane. As a type of this kind of hypothesis I may cite what is called the insane neurosis, being, if I understand it aright, the condition of a man who is more liable than other men to become insane, but who has hitherto shown no signs of the actual presence of the disease itself. No doubt there is such a condition as an insane neurosis. And there is also such a condition as a criminal neurosis. It is the Hegelian condition of *becoming*, and we are all becoming something which we are not. But the inquiries of criminal courts are restricted to actual events of the past; and if these forty-fold forms of insanity, this tendency to comprehend all nervous disease within the pale of insanity, these speculative views as to the existence of inherited insanity which shows no sign, are in any way reflected in the evidence of medical witnesses, no wonder if our legal fellow-labourers, in the interests of truth and justice and the welfare of society, should take a stand which may be nothing more than the conservatism of common sense. But when medical witnesses not only extend the meaning of insanity far beyond the possibility of practical recognition, when they venture to instruct the courts in what the law regarding criminals ought to be and the punishments to which they ought not to be subjected, then I think it is quite possible that the opposition of the administrators of the law may take a tinge of hostility towards men who seem so glaringly to transgress their proper province.

I remember a mental physician stating in a court of law that he never had given, and never would give, evidence which might tend to bring a man to the scaffold; and a recent writer on the subject says, "Abolish capital punishment, and the dispute between lawyers and doctors ceases to be of practical importance." Now a physician maintaining this position might be compelled in the witness-box to admit the following proposition: If you intend to punish the prisoner, if found guilty, in a certain manner, it is my opinion that he is irresponsible; but if you intend to punish him in a certain other manner, it is my opinion that he is responsible.

In his evidence before the Capital Punishment Commission, Mr. Denman—then, I think, counsel to this College, and now a judge — said: "In cases of capital punishment it seems as if almost everybody was in a sort of conspiracy in favour of the prisoner. That applies very strongly to medical witnesses. You find that medical witnesses are induced to give opinions which are perfectly startling to judge and counsel in cases where you can attribute it to nothing but the existence of capital punishment."

It ought to be superfluous in this place to say that medical witnesses have nothing whatever to do with the consideration whether an accused person will or will not be punished or how he will be punished, their duty being simply to aid the court in determining the state of a man's mind at a certain time. But at the present time we are not in the witness-box, and I think we may usefully consider what I must call the predicament into which the judges appear to have been led in regard to this question.

The law of insanity is, as we all know, part of the Common Law, and as such it was liable to be adapted to the opinions of the time by judicial decisions based upon particular circumstances. Whatever may have been the case in barbarous ages, modifications of the Penal Common Law have not in modern times preceded those changes in public opinion which have resulted from the greater humanity of an improving civilisation. Still less have they anticipated the teaching of science. In the last century, when physicians treated their insane patients as if they were wild beasts, Mr. Justice Tracey, in Arnold's trial (1723), told the jury that "it must be a man that is totally deprived of his understanding and memory, and doth not know what he is doing no more than an infant or a brute or wild beast; such a one is never the object of punishment." A seeming advance was made from this state of the law to that which was laid down by Chief-Justice Mansfield at Bellingham's trial in 1812, when, having referred to the delusions of persecution entertained by Bellingham, this celebrated judge said: "If such a person were capable, in other respects, of distinguishing right from wrong, there was no excuse for any atrocity which he might commit under this description of derangement. It must be proved beyond all doubt that at the time he committed the atrocious act he did not consider that murder was a crime against the laws of God and man." From this most stringent application of the general knowledge of right and wrong without reference to the particular act, there is a great change in the application of the same test in the law as it was stated in the reply of the judges to the House of Lords after the trial of McNaughten in 1843, and in which the absence of the knowledge of right and wrong which shall be sufficient to establish a defence on the ground of insanity is altered from the general knowledge of right and wrong to the knowledge that the particular act itself is right or wrong at the time of doing it.

Lord Wensleydale, in his evidence before the Royal Commission on Capital Punishment, in reply to Mr. Waddington's question (362), "You do not think that the sort of insanity which exempts a person from capital punishment in case of murder could be more accurately defined to the jury than it is in the resolutions of the judges in M'Naughten's case?" said, "I do not think it can. I entirely concurred in that judgment, and took a share in the preparation of it with my late excellent friend, Chief Justice Tindal, who took very great pains, I know, to lay down the law most correctly. I have always acted upon it, and think it quite right. Whether it could be improved in any respect I am not prepared to say until the objection shall be made and discussed." This last sentence reads as if Lord Wensleydale felt that the subject would bear discussion, which, indeed, it has been much exposed to ever since the judge's statement was made to the House of Lords, where it appears to abide, blocking the way to those modifications which would probably have been made by the judges themselves if they had not so positively committed themselves in a body to this formulary, which is neither common law, statute law, nor case law, and to which it is difficult even to give an appropriate name, for I find in the report of the Capital Punishment Commission that Dr. Tuke, Lord Stanley, and Mr. Waddington severally spoke of it in three consecutive sentences as "the celebrated *dictum* of the twelve judges," as the "*definition* of the law of insanity," and as "the *resolutions* of the judges in M'Naughten's case." Lord Wensleydale also called it a *judgment*, and Lord Justice Blackburn calls it more accurately an *extra-judicial opinion*. But whatever it ought rightly to be called, the statement of the law has ever since been referred to by individual judges as the law of insanity, and it has thus no doubt received abundance of sanction from their decisions on the Bench. I do not propose to spend our time now by arguments of my own against it; I have long ago made known my reasons for objection elsewhere; the conclusion at which I arrived being briefly stated as follows: "Responsibility depends upon power and not upon knowledge and feeling, and a man is responsible to do that which he can do, not that which he feels or knows it right to do."

But of infinitely more importance than any argument which I could adduce would be evidence that dissatisfaction exists in the best legal minds in regard to this law of insanity, which has been fixed like a rubric on the judicature. And the first witness which I shall call will be an unwilling one, though he be a distinguished judge, remarkable for his fairmindedness, his strong common sense, and the resolution with which he does his duty.

Lord Justice Bramwell told the Select Committee on the Homicide Bill: "I think, that although the present law lays down such a definition of madness that nobody is hardly ever really mad enough to be within it, yet it is a logical and a good definition." Summed up in this brief sentence is, perhaps, embodied the reason of the lawyer's adhesion to this law, and of the physician's objection to it. It is a logical definition, and, therefore, the reasoning mind which does not come into direct contact with the facts accepts it. But it does not include the concrete instances which it ought to include, and is therefore most unsatisfactory to those who come into actual contact with the real madmen who ought to be, but are not, within it. Before the Capital Punishment Commission this great judge made admissions which seem to be still more adversely critical.

Mr. Neate asked (*Q.* 150): "I observe that in your last

letter to the Commissioners, as the result of your experience, you use these words, 'Six prisoners in six cases were acquitted on the ground of insanity, and rightly. I do not mean that the prisoners were as insane as the law requires.' I observe that you say they were rightly acquitted, although they hardly came within the limits of legal insanity. Have you any alteration to suggest in the legal definition of insanity?"—Lord Justice Bramwell replied: "No, I think that the legal definition is perfectly right."

Q. 151.—"But you say they were rightly acquitted, although their insanity was not to the extent which the law requires?—I will explain that observation, which is, no doubt, an apparent contradiction. What I mean is, that according to the practice of juries, which has met with the sanction of the judges, or which has been without any reprobation from the judges, and which is in accordance with public feeling, those prisoners were rightly acquitted."

Q. 152.—"Then would it not be possible to bring the law upon that point into harmony with public feeling, and with what you seem to admit to be right public feeling and right judgment?—I am not so sure that the public feeling upon it is right."

The judge then proceeds to explain the law, and repeats the opinion already quoted from another document, that "there are very few persons who are so mad as to be within either of those two categories." He says that in his opinion the law is right, because it may deter many insane persons from crime by the threat of punishment. "We have no statistics," he remarks, "of the number of people who are so prevented from committing crimes." And elsewhere he says, "if you can find out what man's mind is accessible to the influence of fear, you can find out the man you should punish." This seems to be a test, not of insanity, but of punishability, with which I think physicians would feel that they have no professional concern, although some of us, as members of the community, may consider that some atrocious criminals ought to be punished, notwithstanding that they come within the technical limits of mental unsoundness.

I shall next adduce the opinions of Lord Justice Blackburn, as given before the Select Committee on the Homicide Bill, who said: "On the question what amounts to insanity that would prevent a person being punishable or not, I have read every definition which I ever could meet with, and never was satisfied with one of them, and have endeavoured in vain to make one satisfactory to myself. I verily believe that it is not in human power to do it. You must take it that *in every individual case you must look at the circumstances*, and do the best you can to say whether it was the disease of the mind which was the cause of the crime, or the party's criminal will." Referring to what he called the "extra-judicial opinions of the judges in the House of Lords," he proceeded to remark—"But we cannot fail to see that there are cases where the person is clearly not responsible, and yet knew right from wrong. I can give you an instance which shows what I held deliberately." He then proceeds to give somewhat in detail the case of a woman whom he tried, who, being evidently in a state of mental depression, had killed one child, and was about to kill another, when "the girl, hearing a noise, looked up, and said, 'What are you doing?' 'I have killed Olivia, and I am going to kill you,' was the answer. The child, fortunately, instead of screaming, threw her arms round her mother's neck, and said, 'No, I know you would not hurt your darling little Mopsy' The woman dropped the child, went down stairs, and went into a neighbour's house; told her what she had done—that she had killed Olivia, and was going to kill Mary; 'but when the darling threw its arms round my neck I had not the heart to do it.' She clearly knew right from wrong, and knew the character of her act. For some little time after that she talked rationally enough, but before night she was sent to a lunatic asylum raving mad; and, having recovered, she was brought to be tried before me at a subsequent assize. On the definition in M'Naughten's case, she did know right from wrong, she did know the quality of her act, and was quite aware of what she had done; but I felt it impossible to say that she should be punished. If I had read the definition in M'Naughten's case, and said, 'Do you bring her within that?' the jury would have taken the bit in their own teeth and said, 'Not guilty, on the ground of insanity.' I did not do that. I told them that there were exceptional cases. On that the jury found her 'Not guilty, on the ground of insanity,' and I think rightly. On this definition I think you would be obliged to say that woman was guilty."

This is very remarkable evidence, considering the source of it, and well deserves to be carefully pondered in the minds of those who are averse to any attempt to make the law of insanity more conformable than it is with medical science. Lord Justice Blackburn clearly sees the incongruities and deficiencies of the present law, but he expresses some apprehension that to deal with each individual case according to the circumstances would be "leaving the thing at large." "But I fear a general rule of this sort, making it a question for the jury whether the disease was the efficient cause of the act, would be leaving the thing at large. I have never been able to assign a definition satisfactory to my own mind, and will not pretend to do so."

And this brings me to the consideration of the only earnest and serious attempt which has been made to amend this stereotyped fragment of the common law—namely, the portion relating to insanity of Sir Fitzjames Stephen's Homicide Bill, which was the subject of the Select Committee in 1874. Sir Fitzjames Stephen's attempt to codify this most difficult part of the law was conceived in the following terms:—

"24. Homicide is not criminal if the person by whom it is committed is, at the time when he commits it, prevented by any disease affecting his mind,—(A) from knowing the nature of the act done by him; (B) from knowing that it is forbidden by law; (C) from knowing that it is morally wrong; or (D) from controlling his own conduct. But homicide is criminal, although the mind of the person committing it is affected by disease, if such disease does not in fact produce some one of the effects aforesaid in reference to the act by which death is caused, or if the inability to control his conduct is not produced exclusively by such disease. If a person is proved to have been labouring under any insane delusion at the time when he committed homicide it shall be presumed, unless the contrary appears, or is proved, that he did not possess the degree of knowledge or self-control hereinbefore specified."

It is evident that the pith and substance of this scheme of law is comprised in its fourth section, which, like Aaron's rod turned into a serpent, swallows up all the others. One is apt to be confused by this plan of arranging several endings of a sentence under one head, but if we complete each sentence my meaning will be apparent. The full expression of exemption A ought clearly to be as follows:—Homicide is not criminal if the person by whom it is committed is, at the time when he commits it, *prevented* by any disease affecting his mind from knowing the nature of the act done by him, and therefore controlling his own conduct. For unless the last clause be added the idea conveyed of the exemption is most incomplete. Between the not knowing and the doing there is a great gulf fixed which can only be bridged by words conveying the idea of motive, the words used—"prevention of control"—being most convenient. An angry idiot splits the skull of a child with a spade, not knowing the fatal nature of the act. If he were not angry he would not strike, however ignorant he might be; but being diseased, ignorant, and angry, he does not control the muscular movements which express his mental condition—that is to say, his conduct. From this consideration it appears to me demonstrable that clause D of the proposed code virtually includes all the others, and is sufficient in itself. "Homicide is not criminal if the person by whom it is committed is, at the time when he commits it, prevented by any disease affecting his mind from controlling his own conduct." What more can be wanted than this comprehensive declaration, which would seem in itself to furnish a succinct and complete statement of the law of irresponsibility on account of disease affecting the mind, and which could scarcely need any further development in terms if it were only wisely acted upon in the full spirit of Lord Justice Blackburn's dictum, that "in every individual case you must look at the circumstances and do the best you can to say whether it was the disease of the mind which was the cause of the crime or the party's criminal will."

I have illustrated my argument by the real offence of an idiot in order that I may say that I do not concur with the objection which the Lord Chief Justice makes to Sir Fitzjames Stephen's proposed code, on the ground that "its provisions are confined entirely to insanity as arising from disease. No provision is made for congenital malorganisation—in other words, for idiocy." But the idea connoted by the term disease is surely not restricted to con-

ditions acquired subsequent to birth. An infant may be born with small-pox, or with rickets, or with malformed heart, which are neither more nor less diseases than malformed brain.

With the Lord Chief Justice's objection, however, to the provision relating to delusions, I do concur, not only on the ground that there are absurd opinions which are called delusions, which ought not to excuse from punishment, but on the wider ground that delusions, like all other insane states of mind, ought to be judged by their effect on the control of conduct. "The pathology of insanity," says the Lord Chief Justice, "shows that the mind may be subject to delusions which do not in any degree affect the moral sense or the will as regards the power of self-control. The mere existence of mental delusions ought not to affect the decision as to the power of self-control, unless the nature of the delusion be such as legitimately would lead to the inference that the power of self-control was wanting. The question is one which should be decided by all the circumstances independently of any presumption one way or the other." Sir Fitzjames Stephen does, however, fully admit, in explaining this section, that it is not every delusion which ought to excuse a man for murder—the delusion, for instance, that he has five joints in his little finger. But he goes far beyond this point when he asserts that if a lunatic who has various delusions, and is shut up in a lunatic asylum, gratifies a grudge against one of the keepers by killing him, "that man ought to be hanged just as if he were sane, because the crime is a sane crime." Surely this is riding a principle to death; for how is it possible to predicate responsibility in any respect of a man who, plunged in the calamity of madness, and suffering from various delusions, is shut up in a lunatic asylum, where he may be restrained even by bonds if he is thought to be dangerous? The fact that the man is actually under restraint would seem to be evidence that he is known not to be able to control his conduct.

Very sure I am that Sir Fitzjames Stephen would be one of the last of men to aid in carrying into effect this strained application of seeming legal consistency. Rather, I think, would he approve that notable expression of Lord Coke's, who says that criminals are punished "*ut pœna ad paucos metus ad omnes perveniat;* but so it is not when a madman is executed, but should be a miserable spectacle both against law and of extreme inhumanity and cruelty, and can be no example to others."

At the Spring Assize, 1876, George Fordham, a lunatic, was convicted and condemned to be hanged by Mr. Justice Denman for the murder of a keeper by stabbing with a knife while he was confined in Leicester Borough Asylum. Fordham had been removed from the lunatic ward in the workhouse to the asylum because he was dangerous. He was an epileptic, and was destructive in the asylum by breaking windows. He had a grudge against the keeper about his portion of tobacco. The care taken of him was insufficient, the knife being improperly left within his reach. After the act he said he did it "to be avenged. Perhaps there will be an inquiry now. Oh, dear! I am sorry he is dead, I did not mean to kill him." The sentence was not carried into effect, and the proceedings did not reflect credit on the administration of the law.

But notwithstanding that the Lord Chief Justice criticises Sir Fitzjames Stephen's plan of codifying the law of insanity on the lesser points indicated, to the main principle of the proposed change he gives his most cordial concurrence in the following very remarkable passage of his memorandum:—"As the law, as expounded by the judges in the House of Lords, now stands, it is only when mental disease produces incapacity to distinguish between right and wrong that immunity from the penal consequences of crime is admitted. The present Bill introduces a new element, the absence of the power of self-control. I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control when destroyed or suspended by mental disease becomes, I think, an essential element of responsibility." The phraseology of this most important opinion is not marked with the usual lucidity and precision of the writer, but the intrinsic weight of this opinion can scarcely be over-estimated. And it is hard to believe that when Lord Justice Bramwell thinks that hardly any people are so mad as to be included within the existing law; when Lord Justice Blackburn gives it as his solemn opinion that it is not in human power to define what amounts to insanity that would prevent a person being punishable or not; when the Lord Justice Clerk of Scotland (Lord Moncrieff) says from the bench that "in point of fact there are very few lunatics who do not know right from wrong"—"much unreasoning inhumanity has been the result of this unscientific maxim"; when so sound a lawyer and a lawmaker as Sir Fitzjames Stephen (whom I have so much criticised because he is so great an authority) has so changed in his opinions between 1863, when he wrote in his General View of the Criminal Law of England, "The law as it stands allows to every symptom of madness its full weight as evidence that the act done was not a crime," and 1874, when he drafted and strenuously defended the insanity provisions of the Homicide Bill which we have discussed; and, finally, when the Lord Chief Justice of England concurs most cordially in the introduction of a new element into the law—namely, the absence of the power of self-control,—I think we have strong grounds for the expectation that this unscientific law, which twenty-four years ago I was one of the first to attack, must soon receive the important modification of which it so urgently stands in need. This needful modification I believe to be simply the introduction of the new element which has the cordial concurrence of the Lord Chief Justice—namely, the absence of self-control produced by disease of the body affecting the mind. This, as it seems to me, is the only philosophic or scientific principle on which to found the plea of "not guilty on the ground of insanity," and which will include within itself the cases of all insane criminals which ought to be so included. For, although I cannot agree with Sir Fitzjames Stephen in his opinion that by the word "madness" a lawyer means "conduct of a certain character," it is, no doubt, quite true that insanity, in its legal relations, has always reference to conduct, differing in this respect from insanity in its medical sense, which has not necessarily any such reference. The question, therefore, before a criminal court always being that of a man's state of mind during certain intentional muscular movements which we may agree to call conduct, it seems to me to be demonstrable that the one fact which must be determined is, whether at the time the man's state of mind was or was not a state of mind produced by disease which disabled him from controling such movements. If by ignorance of a certain kind, or by delusion having a certain bearing, he cannot control such movements, even the present law declares that he shall not be found guilty. And if it be proved to the satisfaction of the legislature or of the judicature itself that there are other mental states produced by disease which have the same effect, surely the same immunities cannot be withheld.

I have shown you that evidence to this effect has already satisfied the mind of the Lord Chief Justice of England, who, in words which deserve our most respectful attention, declares the source of his conviction to be the pathology of insanity, differing in this respect from his colleagues, who have come to the same conclusion, not from the scientific, but from the judicial side of observation. This recognition of medical science as a basis of law stands in very remarkable contrast to much that has been said and written by great lawyers. And here again I may refer to Sir Fitzjames Stephen for the best illustration I can find of the lawyer's point of view. In his work already quoted (p. 88) he says: "If the pathological character of madness could be accurately ascertained, the difference (between the lawyer's and the physician's view of madness) would be perfectly clear. Suppose, for example, it were shown to consist in obscure inflammation of the brain. It would obviously be monstrous to set aside a perfectly reasonable will, made with every circumstance of deliberation and reflection, because after the testator's death it was proved by dissection that at the time of executing the will he had obscure inflammation of the brain; yet this would be demonstrative proof that in the medical sense of the word he was mad."

It is strange that so keen a logician should have failed to see that he was here comparing two impossible opposites. Suppose instead of madness we substitute in the argument the condition of death, and say, with Macbeth, that when the brains are out the man will die; pathology cannot be far wrong in that. It would be obviously monstrous to set aside a reasonable will because after the testator's death it was proved by dissection that at the time of executing the will the man had no brains. The difference between the two ways of putting the argument may possibly be that

Sir Fitzjames Stephen does not believe in pathology *quoad* madness, but that he does believe in it *quoad* death. The error in his argument, therefore, would be his assumption that the pathological "character of madness was accurately ascertained."

It is of the utmost importance to our credit, individually and collectively, and to the public welfare in the administration of justice, that we should advance no claims for knowledge of the pathology of insanity which we do not possess, and also that we should most carefully consider and adjust the bearing of that which we do possess in reference to the question at issue. It is not professionally comforting to see a great judge thus answering a question before the Royal Commission: "I would see first what the medical opinion was worth, because medical men talk a very great deal of nonsense." Not a flattering opinion, but a more discriminating one than we should have expected, seeing that in courts of law the evidence of one medical witness seems to be thought worth just as much as that of any other; so that Pantagruel's plan of weighing it in a pair of scales might save trouble and equally well serve the ends of justice. We must, however, beg the judges to understand that the aspiring juniors in our profession are not at all under such good control as they are at the bar, and that we can do nothing to check them in the publication of opinions which we cannot endorse, expressed in language we cannot approve. This I think I may certainly say on behalf of those who have spent a lifetime in the study of mental pathology, that the greater their experience, the less their inclination becomes to vaunt their knowledge and to express dogmatic opinions. Rather, I think, we feel, with our greatest philosopher, that we are like men on the shore picking up a pebble of knowledge here and there, while before us lies a whole ocean of truth unexplored. But while, with all modesty, we admit our deficiencies, let us not forget that immense advantage which even fragments of truth give us over those who do not possess any.

I have elsewhere vindicated the grounds of belief in medical evidence touching insanity from judicial depreciation, which would put our scientific opinions out of court, as superfluous, in questions which it was said ought to be decided according to the ordinary rules which are applied by ordinary men in daily life; and I have shown how courts of law in questions of this kind are compelled by the nature of things to resort to those who possess some knowledge of mental pathology for instruction and guidance. I have endeavoured there to point out the logical basis of our authority in the always understood syllogism to which we can refer our experience:—1. All men who present certain groups of signs of mental states are of unsound mind. 2. This man presents one of these groups of signs. 3. Therefore he is of unsound mind. In affirming the opposite proposition, the syllogism will of course be—1. All men who do not present any one of certain groups of signs of mental states are of sound mind. 2. This man does not present any one of these groups of signs. 3. Therefore he is of sound mind.

It may perhaps be needful briefly to explain what I mean by mental pathology, and what, from the context, there can be little doubt that the Lord Chief Justice of England means by it in that most important document which I have quoted. While I most entirely agree with the estimate of our knowledge, or want of knowledge, made with such precision by our admirable Gulstonian lecturer this year, I must ask you to remember that by the pathology of insanity, of which he says we are only beginning to learn the rudiments, he really means the pathological anatomy of insanity, or, as he more precisely expresses it, the knowledge of "the subjective equivalents of morbid appearances, or conversely, the anatomical substrata of subjective states." Of this fundamental science undoubtedly we are only beginning to learn the rudiments, and even had we already made great advances, its application to moral questions relating to living men in courts of law would be narrow in comparison to that which I may call the rational pathology of insanity. Lord Westbury once pointed this out in a remarkable speech. "An evil habit," he said, "had grown into a precedent with judges and juries, of assuming that insanity was a physical disease, and not a subject of moral inquiry, and therefore that they were bound to accept medical testimony in reference to it. If there were any processes by which a man's skull could be cut into, and the different coats and linings of the brain exposed, so as to exhibit whether they were too much gorged, or the circulation impeded, there might be something in the plan. But medical science had not attained that pitch of development, and medical men imagined external things to be indices of things unseen."

This argument, which was used in the House of Lords (March 16th, 1862), will illustrate the difference I wish to draw between that anatomical pathology of which we are beginning to learn the rudiments and that rational pathology of insanity in which we have made such advancement as to have become indispensable witnesses in courts of law, when difficult questions respecting morbid mental states have to be decided. It is not that "medical men have imagined external things to be the indices of things unseen," but that they certainly are the indices of things unseen, and that all men, whether they be medical or legal, ignorant or expert, must, in questions of insanity, accept them as such, unless it can be shown that a state of mind can itself be seen. The pathology of insanity which the Lord Chief Justice declares to have abundantly established the existence of certain forms of mental disease is, and must be, a pathology not based alone upon morbid anatomy, but upon those external things which can be observed while a man is yet alive, upon the operation of causes which have been observed in countless instances to be followed by insanity, and upon physical symptoms which have been found to be the frequent, if not the constant, concomitants of the mental signs, so that, reading the present state of the man by the light of his past history, his pathology can be determined, not, indeed, with the constant certitude we desire and labour to obtain, but with a high degree of probability in most cases, and with all reasonable certitude in others. That experts in insanity are medical men has not arisen from any decisions of the judicature or preference of the judges, but from the action of the legislature which, having to provide care, treatment, and protection for the subjects of the Queen, has made statutory enactments which place all such persons in the hands of the medical profession, which, by this means, obtains almost a monopoly of the opportunities of acquiring an intimate knowledge of the phenomena of insanity. A great power, a great privilege, and a great responsibility are thus imposed upon us, which, as regards the care, protection, and treatment of the insane, I think the judgment of the community at large will give us credit for having discharged with humanity, skill, and devotion. That many of us have laboured zealously at the increase of the pathological knowledge of insanity will also, I think, be granted. And if this knowledge often makes but a poor show in courts of law, first we have to plead, in extenuation of our deficiencies, the intrinsic difficulties of the subject, which are further magnified by the imperfect methods of inquiry practised by the courts, which make questions of science the subjects of litigation, and not of calm and thorough investigation—a system which encourages the production, not of the most careful and considerate evidence which can be procured, but of that which is the most one-sided, opinionated, and uncompromising; a system, moreover, which commits the error of appearing to make inquiry into the state of a man without having the man examined as to his state. The fact is that a criminal trial is a fight, and not an inquiry; and that when the right determination can only be arrived at by methods of inquiry, and not by those of contention, as when lunacy is pleaded, the result is oftentimes a matter of the purest accident, decided by what persons may have encountered the criminal before and after the offence, and by the casual observations he may have made to them; depending also to a great extent upon whether he has the sinews of war with which to defend himself. The Crown lawyers are not supposed even to know that the plea of Not Guilty on the ground of insanity will be set up, and even after this has been done they make no investigation as to the mental state of the accused. The governor and the surgeon of the gaol, who, in their needful intercourse with the prisoner, have carefully abstained from asking him compromising questions, are perhaps placed in the witness-box to testify that they have not observed that which they certainly have not looked for; but in no criminal case in our courts can it be said that scientific evidence of sanity is ever produced. And evidence of insanity may be equally absent from the litigation if the accused be poor and friendless. You will remember the case of the epileptic, William Drant, who was condemned to be executed for murder in December, 1876, and who was saved by the intervention of London physicians at the Home Office.

No medical evidence had been produced at his trial, although the circumstances of the homicide pointed straight to the conclusion that it had been done in an access of epileptic mania. After the reprieve, the solicitor for the defence wrote to *The Times* a letter, in which he stated—"Before the unhappy man made his first attack upon his mother and her companion, he repeatedly accused them of having been poisoning him for a week past, thereby clearly showing that a wild delusion existed in his mind. I very much regret that, owing to the poverty of the prisoner, he was unable to obtain medical testimony on his behalf."

A not dissimilar case was tried at Warwick during the same assize. The prisoner had drowned a child by throwing it into a canal. There was no medical evidence provided, but my friend Dr. Parsey, who was present at the trial, on hearing the evidence of the mother of the prisoner, passed a slip to the counsel for the defence, on which was written, "Try her for fits," and thereupon came out a history of epileptic insanity upon which the prisoner was acquitted. We can rarely read the newspaper reports of an assize without meeting with cases in which insanity is strongly suggested, but in which there had been no inquiry, and in which, therefore, the accused was acquitted or condemned, as the case might be, in the dark. One can scarcely be surprised that the Rev. Lord Sydney Godolphin Osborne, who, as a prison chaplain, had great experience, should have felt himself justified in telling the Royal Commissioners on Capital Punishment, "I am satisfied that we have hanged many insane people, and that we have let off on the ground of insanity very many who never were anything but sane."

Many have been the suggestions made with the view of avoiding the miscarriage of justice, which this clear-headed philanthropist has expressed so strongly, most of them more or less impracticable, for it is clear that any suggestion of change must not be inconsistent either with the principles or the practice of our courts. But a simple and workable safeguard against the danger of condemning insane homicides to capital punishment might be found in extending the existing charity or mercy of the law which provides an indigent prisoner with counsel for his defence, to the providing of an indigent homicide supposed to be insane with a solicitor, with means of procuring evidence and of employing counsel. This grace to a supposed lunatic, which has been suggested by the practical mind of Dr. Orange, would certainly lessen the probability of the plea of insanity being decided in the dark, as in Drant's case, and the heavy responsibility incurred by judges who, from want of information, have made misleading charges to juries. This would, I am inclined to believe, be a moderate and practical change in procedure, which, taken in conjunction with the enlightenment of judicial opinion, of which it has been my most pleasing privilege to lay before you such incontestable proof, and also in conjunction with a more cautious use of theory and a more appropriate use of language by medical witnesses, would be sufficient to protect the interests of the community without disregard of its humanity, and to knit up the ravelled sleeve of justice in relation to the insane.

CLINICAL REMARKS
ON A
CASE OF CÆSAREAN SECTION.

BY HENRY MORRIS, M.A., F.R.C.S.,
SENIOR ASSISTANT-SURGEON TO, AND LECTURER ON ANATOMY AT, THE MIDDLESEX HOSPITAL.

(Concluded from p. 490.)

THE Cæsarean operation consists in laying open the abdomen of the mother for the purpose of removing from the cavity of her womb the child which, from one of many causes, cannot be expelled or withdrawn through the natural outlet. The name "Cæsarean" is derived from the mode of delivery—"*a cæso matris utero*"; and we find the elder Pliny in his Historia Naturalis using "Cæsones" as a general term for those who have been ripped or cut out of their mother's womb. The term "Cæsares" was also employed in the same sense. When, however, we read of some of the remarkable recoveries from the "Cæsarean operation" which are said to have taken place in times past, we must remember that the name "Cæsarean" has been applied to two other operations besides the one referred to by Pliny, and defined as above—viz.: to (1) Incisions into the cervix uteri for the purpose of facilitating the passage through the vagina. This has been called "vaginal Cæsarean operation." (2) The removal of the fœtus from the peritoneal cavity in consequence either of rupture of the uterus or of extra-uterine fœtation. This, as well as the operation in which an incision is made into the uterus, has been called abdominal Cæsarean operation. It is clear, however, that the first has no analogy whatever to the true Cæsarean section, either in aim, execution, or danger; whilst the latter has been more correctly styled gastrotomy.

Terrible as Cæsarean section must seem to the patient and her friends, and formidable as it undoubtedly is to the surgeon, its performance, if we except hæmorrhage, which may possibly be severe, is not beset with the perplexities and difficulties which sometimes arise in ovariotomy or lithotomy. Before commencing to operate, be sure to empty the patient's bladder. This precaution is even more essential in the Cæsarean than in ovarian operations, for the forcible downward pressure of the uterus may keep the bladder above the pubis, so that it may lie just under the edge of the knife after division of the abdominal parietes. This was the case here. Some difficulty was experienced in introducing the catheter owing to the pressure of the uterus and deformity of the pelvis. The bladder contained but little urine, which was withdrawn; yet its fundus presented itself above the pubic symphysis and in front of the lower part of the uterus. In other cases it has been known to rise so much over the uterus as to conceal the greater part of it. And lest you think I dwell unnecessarily upon this subject, I would mention that in a woman upon whom Baudeloque was operating "the bladder ascended above the navel, and presented itself through the whole extent of the opening made in the parietes of the abdomen."

Take care to have the rectum well cleared out, if possible, before the operation. The importance of this bears upon the after-treatment. Sickness in any case is likely to be troublesome: in this it had preceded the operation for many hours, and continued to be severe afterwards. It would have been a great advantage to have been able to keep up the patient's strength by nutritive enemata while the sickness lasted; but we had no time to provide for this precaution, and afterwards the rectum was found to be so blocked with fæces that even the use of the scoop and warm-water enemata failed to remove them sufficiently for the purpose of feeding by the lower bowel. Before performing any operation, great or small, the state of the patient's bowels should, if possible, be first attended to. This is more especially necessary in operations upon the abdomen or digestive tract, after which, perhaps more than others, sickness is apt to follow. If vomiting is a troublesome symptom, or if, after operations on the mouth, tongue, fauces, or upper air-passages, you desire to keep these parts free from movement and irritation, or if there is any difficulty or inability to swallow, a well-cleared rectum may be made temporarily a well-stored stomach. I am certain that I have been able to save the life of old and feeble patients whose tongues I have excised, simply by having anticipated the necessity which arose of keeping up their strength by nutritive enemata.

Much care is needed in cutting through the abdominal walls, more especially if, as in this patient, they are remarkably thin, otherwise you will have penetrated them and reached the muscular structure of the uterus—which from its colour, contractility, and spasmodic twitchings, you may mistake for the rectus abdominis—before you realise that your knife has traversed two layers of the peritoneum. Then, indeed, a great danger lies in your path, for there may be a coil of intestine lying across the line of incision between the abdominal and the uterine walls, and if you are not watchful as you prolong your incision through what you mistake for rectus muscle you may divide the bowel, or you may scarify the fœtus—an accident which I am persuaded might happen to a careless or hasty manipulator.

In order to prevent the escape into the peritoneal cavity of

blood, liquor amnii, or the caseous material which covers the surface of the fœtus, and also to avoid the dropping back of the uterus during the removal of its contents, it is important to secure the cut edges of the uterus, and retain them in contact with the abdominal parietes. In this way, too, the openings into the abdomen and uterus are maintained exactly opposite each other, so that whatever escapes from the latter will find its way directly through the former. Therefore, immediately after making an incision into the uterus introduce the index-finger of your left hand, and hook forward the uterus, and as you extend your incision pass in one finger after another until with your whole left hand you are holding the uterus and parietes in contact. This I did not cease to do until after the insertion of the uterine sutures. Had I not done so the uterus, after the fœtus was removed, would have fallen back, and the intestines would have floated forwards, and in this way the removal of the placenta would have been complicated, while possibly some of the bowel might have entered the gaping aperture of the womb, and have been strangulated by its subsequent contraction. Such has been known to be a cause of death. As it was, the peritoneal cavity was interfered with as little as possible, and no intestine was seen until the sutures were introduced, when they began to descend over the front of the rapidly contracting fundus uteri.

In undertaking the operation prepare yourself for considerable hæmorrhage. The risk from this danger has been greatly exaggerated; for it is only in cases where the incision into the uterus has been made through the placenta, or the uterus has lost all power of contracting, that bleeding has been severe. Still cases have occurred in which the hæmorrhage has been alarming, or, as it might fitly be described, "rushing."

The absence of hæmorrhage in the case now described I attribute to the previous escape of the liquor amnii and the firm contraction of the womb around the fœtus. The large uterine veins and sinuses had been in great part emptied before they were cut across, and after the removal of the fœtus and placenta, which was rapidly effected, they were sufficiently closed to prevent any noteworthy loss. For the purpose of withdrawing any fluid still remaining in the uterus, and of giving the uterus time to contract after the escape of the liquor amnii and before removing the fœtus, I had provided a cannula with a long elastic tube attached, such as is used for paracentesis abdominis, but there was no occasion to employ it in this case. If in future I ever have to perform the operation where the membranes are unruptured, I should rupture them per vaginam, if possible, before commencing the incisions, not only for the reason which made Lauvergat and others recommend this step—viz., to prevent effusion into the peritoneal cavity,—but as the most likely means of preventing loss of blood. Other things being the same, there will be less blood lost in the seventh or eighth month than at full time, and it has been thought that the position of the incision in the uterus has an influence on hæmorrhage, which will be less when the incision is low down. In my own case the incision extended from the fundus downwards as nearly as possible along the median line, and the placenta was situated behind and on the right side.

If from the flaccid state of the uterus bleeding should be profuse, ergot, pressure upon and irritation of the uterine walls with the fingers, should be tried; or the faradaic current, if at hand, might prove useful. If these means fail, I would, whilst still holding the uterus forward, apply sponges with ice in them, or the ether spray, to the cavity of the uterus. The spray used upon the surface of the abdomen is known to produce a rapidly beneficial effect in post-partum hæmorrhage, and I would rather employ it upon the inner surface of the womb than resort to the indiscriminate use of perchloride of iron, which is hazardous as regards the patient, and suggests the idea of recklessness or confusion on the part of the operator. It is impossible to be sure of the limits of the action of such a styptic unless carefully and accurately applied, and whilst its control over the hæmorrhage, if in these cases it has any at all, is uncertain, its use is very likely to be followed by considerable sloughing.

The employment of sutures to the uterus has been and still is a subject of dispute. Till recent times they were never used, and even at this day their use is deprecated by some, both in Germany and at home, whose opinions command our respect. Without them there is the risk of the escape of blood and the lochia through the unclosed wound into the peritoneal cavity; by them peritonitis is apt to be set up, either at once by the irritation they excite, or, if catgut be used, by their becoming untied after a few days, as a result of which peritonitis may arise secondarily from the escape of the lochia into the serous cavity. This objection to catgut ligatures is justified by cases which have been reported lately from Berlin, as well as by others which have occurred in this country. I employed five sutures, three of coarse catgut, which were passed through the whole thickness of the uterine wall, fully three-quarters of an inch from the edges, the ends of which were purposely left long for security, and two superficial ones of fine catgut between the deep ones. The patient lived for sixty hours, and at the post-mortem examination only one of the sutures (and that a fine one, the ends of which had been cut short) had given way. It is open to objectors to say that had the patient lived longer all the sutures would have yielded in the same way, but I am disposed to think that it is only when the ends of the knots are cut quite short that the catgut is unreliable.

As a general rule, if the uterus contracts firmly and at once, there is probably no occasion for sutures; if not, it is better to employ them. Even when contraction does take place before the operation is completed, there is the possibility of subsequent relaxation and distension of the uterus, and therefore of escape of blood and discharges into the abdomen; but the general condition of the patient must guide the surgeon with reference to this risk. If sutures are used the best are interrupted ones of fishing gut, or a continuous suture, with the ends left hanging through the os uteri into the vagina. In passing the latter, whilst taking in sufficient of the uterine tissue to bring the external as well as the internal margins of the incision together, I would not pierce the peritoneum. In this way, as the uterus retrogrades, the suture, after separating, could be withdrawn without causing any injury to the peritoneal coat of the uterus.

I regret, gentlemen, I cannot bring the patient upon whom this operation was performed before you. As in too many cases, she does not live to justify by her presence the treatment adopted to save her. I have only these inglorious witnesses of its performance—viz., the faulty pelvis and the foiled uterus. The former is a typical specimen of the deformity of mollities ossium, the latter is in a state of gangrene just commencing on the inner aspect of the cervix, as the result of long-continued pressure.

From the first, and before the operation, death seemed in this case absolute, for in addition to the shock, the retrograding character of the uterine tissue, in which so large a wound must be repaired, and all the other ordinary dangers of the operation, there were opposed to this woman's recovery the long labour of thirty-two hours, the previous craniotomy (an operation as fatal, when performed for contracted pelvis, as Cæsarean section), and the mollities ossium, itself a fatal disease.

Were we, then, justified in submitting our patient to such an ordeal? I would answer, Though the Cæsarean is the most dangerous of operations, though 85 per cent. of the mothers and 49 per cent. of the children die, we must not be deterred from undertaking it in appropriate cases.

It would be out of place in a surgical lecture to enumerate the conditions in which it is appropriate—nay, necessary, but I would epitomise the reasons for the operation as follows:—(1) To save the life of a fœtus beyond the seventh month, providing the mother has not been dead more than from twenty to twenty-five minutes. (2) To save the life of the mother and her child, or the life of the mother if the fœtus is known to be dead, when delivery cannot occur in the usual way, owing either to deformity of the mother or immensity of the fœtus. (3) To release the mother from suffering, even when she has little or no chance of recovering, provided that delivery cannot be otherwise effected.

In ancient times, and for many generations, if we are to judge from the earliest accounts of it to be found in any medical work, the operation was practised only upon the dead. It was considered imperative to attempt to save the life of the child after the death of the mother, and there is attributed to Numa Pompilius, the second King of Rome, a law called the *Lex Regia*, which forbids the burning or burial of a pregnant woman before the removal by incision of her offspring. But it was not until 1581 that Rousset first attempted to prove by facts and reasoning the possibility of saving both the mother and child, and he was opposed by Ambrose Paré, Guillemeau, and many others.

This opposition to Rousset triumphed down to the eighteenth century; for while men saw the utility of the operation, and recommended its adoption when the woman's life was extinct, they deprecated it on account of its dangers and asserted uselessness during her life. Could anything have been more cruel or irrational? To be waiting and unaiding witnesses of the agonies of the mother, who, even in her death struggles, it was hoped, might keep up life in her young, and then, when her last throes had passed, and not till then, to make a desperate dash to rescue the fœtus from sharing in the destruction it had itself provoked? I would rather say, though every woman thus delivered must die, though in all such cases death from the first stamps its impress upon nature's life-bestowing efforts, the operation ought yet to be performed for the third reason I have given above; and you would, I am sure, all agree with me in this opinion had you seen this poor woman before and after her delivery. Immediately after recovering from chloroform she felt her release from unavailing pains, and many hours afterwards remarked to me, "I am a different being now, and should feel all right if only the sickness would cease."

It is the end and aim of some surgical operations to relieve suffering or remove deformity unattended with danger to life; of others to rid the body of some useless or obnoxious member or part, either to the advantage of the rest or in order actually to save valuable life; and of others, again, to prolong life, if only for a little while, or to ease the path towards death. Surely the last aim is as laudable as, if far less satisfactory than, the others. Would any surgeon neglect to pass a catheter for retention of urine in a patient dying from severe injury or disease, or refuse to puncture the urinary bladder to spare a patient dying from the results of stricture of the urethra, the distress arising from inability to pass water? Ought any surgeon to hesitate to relieve, by a suitable opening into the gut, the agony of over-distended bowels, due to some irremediable or undiscovered cause of obstruction? I think not, and I believe the time will come when it will be regarded as opprobrious in the latter, as it now is in the former cases, to allow death to occur without giving the relief afforded by evacuation. So in the case of the uterus, we ought to operate, though we know the patient will probably die from exhaustion, hæmorrhage, blood-poisoning, or peritonitis. Death from either of these causes is far less terrible than death attended with the pains of labour going on unsatisfied till either the uterus ruptures or its power is exhausted, and, meanwhile, possibly, as would have happened in this case, the fœtus is becoming a corrupt and decomposing mass within the woman's body.

Truly our mission is conservative—to spare limb and save life; but it is also our duty, and humanity requires it of us, to direct, when we cannot bar, the road to the grave; and when, by so doing, we can relax or temper the jaws of certain death.

ON SYPHILITIC PHTHISIS.

BY REGINALD E. THOMPSON, M.D., F.R.C.P.

IN a communication to THE LANCET last year, I gave an account of some peculiar physical signs, which appear to be characteristic of a form of pulmonary disease depending upon syphilis, and distinct from the ordinary signs of tubercular phthisis. This account was given in corroboration of a paper from Dr. Robinson on syphilitic phthisis.

When once the disease is known, cases of this character will be found to be not so very rare, and as a special hospital affords peculiar advantages in the grouping of varieties of pulmonary disease, the following brief notes of cases that have recently been under my care at the Hospital for Consumption at Brompton will show that opportunity has been afforded to test the accuracy of the signs, and to ascertain the clinical symptoms which characterise the disease.

The symptoms are given very correctly by Dr. Shepherd in his lectures on Pulmonary Consumption, and from the account given therein of syphilitic phthisis he evidently recognises the same form of disease. The clinical symptoms are characteristic and well-marked, and are as follows:—Dyspnœa, which always is the chief cause of complaint, of a severe character, aggravated by exertion, especially on going uphill or upstairs. Cough, which may be accompanied by very slight expectoration, but is often characterised, according to my experience, by profuse bronchial expectoration; this symptom apparently depending upon the absence or presence of a bronchial complication. Hæmoptysis is a frequent concomitant, the amount of blood being small. Emaciation is often excessive, but is proportionate not to the lung mischief so much as to the general cachexia, and there is usually the peculiar olive-bronzing of the skin which at once indicates the nature of the disease with which we have to deal.

The physical signs have already been fully described, and there is no necessity to repeat the description. The cases that have been under notice since that account was written only tend to confirm the statements then made.

CASE 1.—Edward C——, aged forty-two (this patient applied in September, 1876), was in the army ten years; left it ten years ago. Suffered from chancre sixteen years ago. For the last three months his voice has been affected. For six months he has suffered from cough; losing flesh; subject to night-sweats; no hæmoptysis. The present symptoms are, aphonia, due to ulceration, and much emaciation.

Physical signs.—Below the clavicle on both sides was found dulness of percussion note extending over the upper two-thirds of the lungs. No moist sounds. Absence of true vesicular murmur; very loud bronchial respiratory murmur, with bronchophony.

CASE 2.—Story A——, aged twenty-five (April, 1877). Father died of phthisis. This man complained of dyspnœa and losing flesh. He had the appearance of syphilitic cachexia, but no account could be elicited from him.

Physical signs.—Dull percussion, chiefly at the right apex below the clavicle, with bronchial respiratory murmur.

I give this case, not because it is a marked case, but because the syphilitic character of the disease was corroborated by the fact that the patient attended the London Ophthalmic Hospital for disease of the eye. The note then made of the case was: "Can get no specific history." He was there ordered the iodide of potassium and the bichloride of mercury, under which treatment he recovered. I subsequently examined this man after an interval of three months, and found that the physical signs were hardly to be detected, and he was so much better that he was refused admission into the hospital.

CASE 3.—Lydia P——, aged twenty-two, single, dressmaker (May, 1877). Father died of phthisis. Had suffered from cough and retching for eighteen months. She had been for some time subject to neuralgia, and could not comb her hair for the tenderness of scalp. She had tenderness of the tibiæ and of the right clavicle at the time of examination. She had spit blood in slight quantity, and expectoration was profuse.

Physical signs.—Dull percussion was found under both clavicles, with very marked, harsh (papery), bronchial respiratory murmur, extending over the upper fourth of both lungs. No crepitation anywhere.

CASE 4.—Eliza M——, aged twenty-four, single, servant (May, 1877). No history of predisposition obtained. Rheumatic fever eight years before. Had been ill eighteen months. Dyspnœa; losing flesh, and had spit a little blood. Pains in the head for ten months; loss of voice for six weeks. Very harsh, raucous voice; slight crack at corner of mouth; general syphilitic cachexia; specific psoriasis of fauces; œdema of glottis, with general redness of ventricular bands.

Physical signs.—Dull percussion below both clavicles, and very harsh bronchial respiration (dry and papery in quality) at both apices below the clavicles.

This patient was treated with drachm doses of the syrup of the iodide of iron twice a day, and at the end of July she had considerably improved; her voice was strong and clearer, the dyspnœa was less, and the respiratory murmur was much less harsh and less bronchial. At the left apex the improvement was very marked, and a note was made that the alveolar rustle was returning.

CASE 5.—Clara S——, aged thirty-six, married, four confinements, one miscarriage (June, 1877). Sore-throat two years ago; nocturnal pains of head. The present symptoms are, harsh raucous voice; complains of cough, and spits a good deal.

Physical signs.—Dull percussion-note under both clavicles, with harsh respiratory murmur.

CASE 6.—Ellen H——, aged twenty-nine, married, two confinements; no hereditary predisposition; has suffered from cough for twelve months; spits much; has had three

miscarriages; sore-throat; has been salivated. The present symptoms are, small pits of old ulcers on left tonsil; much tenderness of scalp.

Physical signs.—Dull percussion under both clavicles, with very marked bronchial (whiffing) respiration.

CASE 7.—Charles A——, aged thirty-four (August, 1877). Mother's brother died of phthisis; one brother died of phthisis; contracted a chancre in Paris ten years ago, for which he was treated with mercury; lost his hair and suffered from tenderness of scalp some time after; has suffered from bronchial symptoms for four years; has been losing flesh for eighteen months; no hæmoptysis.

Physical signs.—Both lungs are dull on percussion, from the clavicle to the third rib, the left being the more so; harsh papery respiration over this region.

CASE 8.—Julia N——, aged twenty-three, single, housemaid. Mother died of phthisis. No history of syphilis obtainable, but had a hoarse raucous voice, and had been losing flesh for twelve months. This was a case in which the history was very unsatisfactory.

Physical signs.—Dull percussion under both clavicles, with harsh bronchial (papery) respiration.

She was treated with drachm doses of the syrup of iodide of iron from August 8th to October 16th. Her voice became clear and natural; she improved very much; ceased losing flesh; and the vesicular murmur returned at both apices.

CASE 9.—Mary A. W——, aged twenty-seven; married; four miscarriages; two premature confinements. Has been ill since July, 1876, suffering notably from dyspnœa on exertion. Three years ago she had a bad sore-throat and enlarged glands; and a skin eruption last Christmas. Present symptoms: very thin and bloodless; skin of a bronze colour.

Physical signs.—Dull percussion-note on both sides below clavicle, well marked, and extending to the fourth rib. Harsh papery respiration, blowing sound, over this region; no true vesicular murmur; no crepitation.

CASE 10.—Ellen G——, aged forty-six; married; one miscarriage. Has had a slight cough for some time, and twice suffered from hæmoptysis (a tablespoonful at a time). The present symptoms consist of bronzing of the skin, tenderness of scalp, and cough.

Physical signs.—Harsh papery respiration under the right clavicle to the third rib. The same condition in less degree in the left lung.

CASE 10.—Eliza M——, aged forty-six, single, dressmaker (Oct., 1877). Has suffered from aphonia five years, and cough with occasional hæmoptysis for the same period. Suffers now from dyspnœa, but has not been losing flesh. Her present symptoms are, aphonia, and ulceration of the fauces of specific character.

Physical signs.—Marked dull percussion under both clavicles. Prolonged expiratory murmur, with peculiar papery whiffing sounds at both apices, but most marked under the right clavicle.

CASE 12.—Louisa B——, aged thirty-four, married; four miscarriages. Has suffered from cough for three months, and has been losing flesh. She has now headache, worse at night, with tenderness of scalp; bronzing of the skin; ulcer at back of fauces.

Physical signs.—Dull percussion at the right apex under the clavicle, with harsh papery respiration.

These notes, taken rough and ready as they are from my case-book, present a similarity of symptoms and physical signs such as indicate a peculiar form of disease. The description of the physical signs is in all cases one and the same, and is not to be considered as in any way similar either to that which would be given to describe an early stage of phthisis or a condition of cicatrisation. The special point about this condition is that there are no concomitant signs of liquefaction, and if excavation occurs afterwards, as it does sometimes, a secondary process must be credited with this result.

With regard to the special treatment adopted, in many cases it has a speedy effect in relieving symptoms and restoring the natural healthy condition of the lungs, but further experience is necessary before I feel inclined to make any definite statement as to the best mode of treating syphilitic phthisis.

A CENTENARIAN.—The obituary of "The Times" of Monday last recorded the death of a lady who had reached the great age of 100 years and six months.

ON PRURITUS VULVÆ AND DIABETES.

BY ALFRED WILTSHIRE, M.D., M.R.C.P. LOND.,
JOINT LECTURER ON MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN AT ST. MARY'S HOSPITAL.

A FEW years ago, at a meeting of the Harveian Society, I called attention to the frequent association of pruritus vulvæ with diabetes. As continued observation confirms and strengthens the statements then made, and as my observations have never been made known otherwise than as above stated and in my lectures, I desire again very briefly to call attention to and emphasise the fact that pruritus vulvæ is often the only symptom of diabetes, and to point out the desirability of a systematic examination of the urine for sugar in suspicious cases.

Diabetes is only one among many affections with which pruritus vulvæ may be associated; but notwithstanding that it is mentioned in some books as a cause of vulvar itching, it is nowhere, that I am aware of, stated with adequate prominence.

Excepting itching, there may be no symptom whatever of diabetes—neither polyuria, loss of flesh, nor large appetite; and it is not therefore a matter for surprise that the underlying diabetic affection frequently remains unsuspected.

The observations of friends who have become acquainted with my views are confirmatory of them, and show that there is a more frequent connexion between diabetes and pruritus vulvæ than is generally believed. Accordingly, it seems desirable that further attention should be directed to the fact seeing the gravity of the more important affection. It is hoped that a wider diffusion of the knowledge may prove useful to many.

Though matter of high interest, I am not concerned at present to discuss the pathogeny of diabetes; but regarding it from a purely clinical aspect, it is difficult to avoid the conclusion that there are at least two (if no more) forms of diabetes; or, to put it in another way, that sugar, or some allied body equally capable of reducing copper, on the test being applied in the usual way, may often be found in the urine of stout, florid (gouty) persons, as well as in the lean, wasted people who are looked upon as classical types of the disease.

I have at present under my care at St. Mary's Hospital an excellent illustration of this fact. When the patient, a stout, florid, middle-aged woman, first came under my care some months ago, she was tormented with violent itching of the privates. Suspecting diabetes, I had the urine examined, and then, and ever since, it has contained an abundance of sugar. She rarely passes more than a normal amount of urine, looks as hearty as can be, and from the first application of the treatment—a borax lotion—has almost lost the itching. As the object of this short paper is merely to put others on the track of diabetes through the pruritic symptom, I will add no more, but await hopefully the statement of the experience of others.

Wimpole-street, W.

CASE OF

STRANGULATED FEMORAL HERNIA,

PRESENTING SOME CHARACTERS AND SYMPTOMS OF NOT VERY COMMON OCCURRENCE.

BY WILLIAM EVANS, M.R.C.S. ENG., L.R.C.P.E.

THE following case, which occurred recently in my practice, seems to present some features which may entitle it to be placed on record.

Miss N. M——, aged fifty-eight years, had frequently, during an interval of eight or ten years, obtained by messenger some medicines for the relief of attacks of colicky abdominal pains, generally accompanied with constipation. Being of a somewhat timid and reserved disposition, and having an aversion to being examined by a medical man, I had not, prior to the attack about to be described, had an opportunity of personally examining her, and this seemed the less necessary inasmuch as her attacks had hitherto

yielded to an anodyne and antispasmodic, combined with some antacid, and followed by a brisk purgative.

The present attack commenced early on a Monday morning, and, contrary to its usual history, there had been a sharp diarrhœa and vomiting preceding it for some days, which still continued at the time relief was sought. The usual draughts were forwarded about 4 A.M., and about 10 A.M. her brother called stating no relief had been obtained. On visiting her I ascertained that the vomiting had ceased shortly after the medicine had been taken, but the pains and diarrhœa she affirmed persisted. I also elicited that there was a small lump in the right groin, which she said had been there for years, and which she reluctantly consented I should examine, alleging she was certain it had nothing to do with the attacks, although upon close questioning she was obliged to admit it felt a little harder than usual, and had also done so during her former attacks. This tumour was situated just under Poupart's ligament, its longer axis (about two inches and a half) parallel to it; it felt hard and movable, and lacked all the characteristic feeling of hernia, except that on coughing I thought I could detect a very indistinct impulse. An attempt at taxis proving unavailing, anodynes and fomentations were ordered, and a mild aperient administered, much against her will, as she feared the diarrhœa, which, however, had not troubled her since about 8 A.M. The symptoms continued much the same the rest of the day, and in the evening, the aperient not having acted, an enema was given. On Tuesday, the symptoms persisting, another ineffectual attempt at taxis was made under chloroform, and the rest of the treatment consisted of opiates and repeated enemas. On Wednesday, vomiting, which had been in abeyance since Monday, became a little troublesome, but not very persistent, and there was no other change in the symptoms, except that the tumour was rather harder, the impulse on coughing entirely absent, and the feeling more unlike that of hernia than at first. I advised a consultation with Dr. Lloyd, surgeon, of Llangefni, who agreed as to the doubtful character of the tumour, and counseled temporising for a day, giving small doses of calomel at intervals, with opiates and belladonna to allay pain, and continuing the enemas. On Thursday Dr. Lloyd again saw the case with me, and as the symptoms were still not very urgent, a delay of another day was advised and agreed to, and the same treatment continued. On Friday the symptoms became more urgent, the vomiting being uncontrollable and the pains more severe, with some distension of the abdomen. The case altogether wore a more serious aspect. Dr. Lloyd was telegraphed for, and he agreed to adopt the safe old maxim—"When in doubt, operate." With his assistance I divided the usual superficial coverings, and brought to view a dense fibrous mass, which we had some difficulty in recognising as an enlarged and altered inguinal gland. Having regard to the doubtful character of the tumour, my first impulse was to close the wound, and to look upon the case as one of ordinary intestinal obstruction. We determined, however, to dissect through it with a view to further exploration and perhaps its removal, when, on reaching the saphenic opening, I exposed the sac of a small enterocele just about to pass through that aperture, having no doubt been prevented from doing so by the enlarged gland which occupied that situation. The usual seat of stricture (Gimbernat's insertion) was divided, but not until some bands under the edge of the falciform process had been notched could the bowel be returned. The case eventually did well, recovery being slightly retarded by suppuration of the divided gland.

Remarks. — The points of practical importance in connexion with this case are: the occurrence of strangulation in a hernia during or immediately succeeding a sharp attack of diarrhœa; that the character of the tumour should not deter us from operating; that if an enlarged gland should obtrude itself, it is desirable to ascertain what may be concealed beneath it; and that the division of Gimbernat's ligament is not always sufficient for the reduction of the hernia. I am aware that each and all of these points have been noticed and dwelt on by the authorities on the subject, and I am also certain that they are not seen in the common run of cases of strangulated hernia.

Llanerchymedd, Anglesey.

A MEDICAL STUDENT named Cleary died on the 5th instant from small-pox in the Hardwicke Hospital, Dublin.

A CASE OF SNAKE-POISONING; NO TREATMENT; RECOVERY.

By VINCENT RICHARDS,
CIVIL SURGEON, LATE MEMBER OF THE INDIAN SNAKE-BITE COMMISSION.

THIS case is almost, if not quite, unique; for, although thousands of people die from snake-poisoning in India, very few cases of any description come under the immediate observation of European medical officers. The natives regard snake-bite with such superstitious awe that they almost invariably call in their "snake-charmers" and other quacks who are supposed to be versed in the mystery of its treatment; consequently, the European medical officer is consulted only as a *dernier ressort*, when charms and incantations have failed, and the victim is either dead or dying. Moreover, such a case as this—in which all the prominent symptoms of snake-poisoning were more or less marked—must be of extremely rare occurrence, owing to the subtle nature of the poison and the rapidity with which the snake injects it. There are plenty of cases of "Recovery from *snake-bite*" on record; but it would be easy to prove that they are not cases of *snake-poisoning*—differing as they do in all the more important particulars. Although the snake was not clearly identified, I have little doubt but that it was a cobra.

On the 28th August I was sent for to see a man named Bámon Dás, aged forty years, who was said to have been bitten by a snake at 3 o'clock in the morning. On arrival I was informed that having heard the rats making a great squeaking noise, and wishing to find out the cause, the patient had raised himself from the floor on which he was sleeping, when he felt something biting him on the left arm near the shoulder. He jumped up and saw a snake, which he was unable to identify, gliding from him towards a hole in the mat wall of his hut, through which the moon was shining. He thinks it was a *Tentúlia karis* (spectacled cobra of a tamarind colour), about four feet long. He had been very ill indeed, much worse, it was said, than when I saw him. He had complained of feeling *nisha* (intoxicated), had vomited, and could neither stand nor speak, though he had continued to be perfectly conscious.

At 10 A.M., when I saw him, I noticed the following particulars:—He was being supported on the ground in a sitting posture by two men. Near the posterior border of the deltoid of the left arm were two rather indistinct fang marks, at some considerable distance from each other, as if the snake had failed at first to insert both fangs, and had then twisted its head and endeavoured to insert the other. One fang-mark, however, more resembled a scratch than a puncture. The arm was painful, hot, and swollen, measuring 11 in. in circumference, whereas the other arm, at a similar part, measured only 9½ in. On cutting through the puncture, around which the skin was raised to an extent corresponding to the size of a threepenny bit, the track of the fang was clearly visible, though there was little infiltration into the subcutaneous areolar tissue, owing, no doubt, to the small quantity of poison that had been injected into it. The swelling was in some measure due to ligatures that had been applied for a short time above and below the bitten part. He had no power whatever over the eyelids, which had dropped, leaving only the lower part of the pupil visible. The pupils were perfectly natural, and the irides responded to light. When asked to identify people around him, he put his head back so as to bring the person in the line of vision. He could see perfectly well both those near him and those some distance off. The hearing was not affected. There was profuse salivation, the saliva streaming down from the corners of his mouth. The lower lip had dropped, as if he had lost all power over the orbicularis oris muscle. He could speak, but very indistinctly, so indistinctly that his friends had to ask him to repeat what he said. The intonation was peculiarly nasal, much resembling that of a person who has lost part of his palate. The lips were not used in his endeavour to tell me his name, consequently the labial "B" was omitted, and he answered with a very indistinct and nasal "Aon Dás" for Bámon Dás. On attempting to swallow some water, it was returned through his nostrils. He was unable to clear his

BEST COPY AVAILABLE

throat, which caused him some distress. Said he felt a difficulty in breathing, though the respiration was but slightly embarrassed. The superficial temporal and frontal veins were very distinct and tortuous, being gorged with blood. He could not walk by himself, but, if supported, walked with an unsteady gait, though he had perfect control over his upper extremities. Still felt intoxicated, and his body hot. Pulse 96, full and strong; respiration 26; temperature 100·5°. Occasionally retching. He had no medicines, except a few innocent articles—such as cloves, ginger, tea—soon after he was bitten. Of course, the "snake-charmers" had been to work with their charms and incantations, and I have no doubt this case will go far to establish the reputation of the men who have been in attendance, especially as I confined myself merely to watching its progress.—11.30 A.M.: Is slightly better, but still feels intoxicated. Temperature 101·10°.—1 P.M.: Temperature 101·5°.—2.30 P.M.: Arm a little more swollen; now measures eleven inches and a half. Has passed a large quantity of urine; no faeces. Feels slightly sick, and the veins about the face are still gorged. Temperature 101·3°; pulse 88. Now speaks distinctly without the nasal intonation; can swallow; is, in fact, fast recovering, though suffering rather severely from the pain in the arm.

From this time he rapidly recovered, and the arm got quite well, very little suppuration having taken place at the incised part—another proof that but a very small quantity of poison had been injected into the subcutaneous areolar tissue. The patient did not suffer subsequently from any symptoms of blood-poisoning. It is very seldom, indeed, that a cobra, in its wild state, poisons without killing; hence it is more than probable that it had expended most of the poison at its disposal in attacking the rats, the squeaking of which had awoke the patient. There is reason to believe that some of the snake-poison must have been injected directly into one of the small venous branches of the skin. This case shows how seriously affected the functions of certain centres of the medulla oblongata may become in snake-poisoning, without permanent injury resulting.

Goalundo.

CASE OF LACERATED WOUND OF THE FOOT.

By HENRY F. NORBURY,

STAFF-SURGEON R.N.

Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

J. L——, aged twenty-three, a temperate but somewhat anæmic subject, on the afternoon of July 27th, during a gale in the tropics, attempted to step from a ship into a boat, which rising simultaneously on the top of a wave, crushed his left foot against the ship's side, tearing his boot to pieces and inflicting very severe injuries to the soft parts. On examination, the entire integument was found torn away from the dorsum from the front of the ankle to within an inch of the toes, and as far inwards as the tendon of the extensor proprius pollicis muscle, over which it lay in folds. A similar laceration existed on the under surface of the foot, the posterior three-fourths of the sole being stripped off, a narrow bridge of skin on the inner side alone dividing the former from the latter lesion; a few minor patches of integument were likewise wanting about the malleoli. The hæmorrhage was slight. The divided integument was laid down, but there was only sufficient partially to cover the exposed muscles and tendons, and the entire foot was enveloped in lint soaked in carbolic oil, a gutta-percha L-shaped splint being placed along the inner side of the foot and ankle, to ensure rest.

As there was considerable sanious oozing and some fetor, the dressings were changed on the following day, and although perfect cleanliness was preserved, on the evening of the 29th traumatic fever appeared. The wounds in a short time began to look sloughy, the skin on the front of the ankle assuming a livid red character. Symptoms of septicæmia followed, but as the system was well supported and he was kept a great part of his time in the open air, these gradually passed off after an attack of diarrhœa, evidently of an eliminative nature.

On August 4th, by which time the temperature had become normal, the integument constituting the first-mentioned laceration came away as a slough, leaving a feeble granulating surface, the granulations being pale, large, and watery, secreting a thin puriform fluid. The heel also began to slough. He was now ordered ten-minim doses of tincture of opium thrice daily, the good effects of which treatment I had often witnessed in cases of weak ulcer when acting as dresser to the late Mr. Skey, C.B., at St. Bartholomew's Hospital.

On the 7th a line of demarcation appeared across the sole, about two inches posterior to the toes. Charcoal poultices were applied, and on the 11th the gangrenous mass separated, consisting of the integument, part of the plantar fascia, and a portion of the first layer of muscles. The only part of the foot which now possessed a covering of skin was a small area on the inner side, and the excavated part of the sole for some time presented a dry, glassy surface, exuding a thin, sanious matter. Granulations, however, gradually appeared, while those on the dorsum had acquired a more florid look, and discharged a thick, creamy pus.

By the 17th the entire surface was in a condition of healthy suppuration, and although the patient had been formerly feeble, he had, by this time, greatly improved under the use of the small doses of laudanum. Skin-grafting was now practised, a piece being removed from the outer side of the arm, and about a dozen minute grafts laid down, which were then covered by strips of plaster, the operation being subsequently repeated. A large proportion of these "took," and by the 29th varied in size from half a split pea to a threepenny piece, the raw surface putting on such action that it had to be kept under by applying solid sulphate of copper. The patient's health had much improved, and he began to get some colour in his face; his strength throughout had been well supported, and the opium had been constantly administered. By Oct. 1st the wound had completely healed, a firm cicatrix remaining, and his general appearance was much better than before the accident.

Remarks.—It must be taken into consideration in this case that a very extensive surface of the foot was denuded of integument, in addition to muscular laceration, and how much more serious an injury of this part of the lower extremity is than the corresponding portion of the upper; in many cases amputation might have been necessary. My object in publishing this case is simply to record the fact that granulation proceeds much more perfectly, and satisfactorily, and rapidly in cases of skin-grafting, when a prolonged course of small doses of tincture of opium is persevered with; I also think that under its influence the grafts become adherent more readily and in unusual numbers. In this instance the result, without its agency, would have been extremely doubtful.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

IDIOPATHIC AMYLOID DISEASE OF THE LIVER, KIDNEY, AND SPLEEN; RELIEF; REMARKS.

(Under the care of Dr. JULIUS POLLOCK.)

FOR the following interesting notes we are indebted to Mr. Robert Smith, M.A., M.B., medical registrar.

William D——, a labourer, aged twenty-six years, was admitted on Feb. 9th, complaining chiefly of weakness. He fixed the beginning of his illness three months before admission. About that time, while waiting upon his father, who was seriously ill, he had several shivering fits. The sensations of cold were mostly confined to the back, and resembled the pouring of cold water down the spine. At night, after the shiverings, he sweated freely. The shiverings continued on and off for a fortnight, but the patient continued to nurse his father until his death at Christmas.

The father was said to have had enlargement of the liver. Cough now came on, and the patient began to spit tenacious phlegm of a dark colour. He lost flesh, and gradually grew weaker; but after the first week or two he was not feverish, and did not perspire unduly. About a fortnight before admission he once or twice felt severe pain at the pit of the stomach, relieved by taking hot gin-and-water and applying hot flannels to the abdomen. He had no other uneasiness, but gradually got weaker, and his appetite diminished. His previous history was good. He never had rheumatism or gout or any venereal affection. He married very young, and had had a family of four children, all quite healthy. He had not been in the habit of drinking spirits. His bowels were usually regular. His mother died of "inability to pass gall-stones," and used to be jaundiced now and then; and his father died, as just stated, of "enlargement of the liver"; his father's legs and feet swelled before death, but he had never been jaundiced, and was very pale when he died. Patient had four brothers and sisters alive and well.

On admission, he was a tall, sparely-built young man, with very pale features and anæmic mucous membranes; but he stated that he had always been pale. He was suffering no pain, and there was only a slight cough. The evening temperature was 101·5° F., at which point it continued for three days thereafter. The pulse was about 100. His skin felt quite moist, but there was no marked perspiration at night. He slept very well, and said his appetite was improving. The skin over his whole body was exceedingly pale. Physical examination of the chest revealed nothing of importance in regard either to lungs or heart. The region of liver dulness was increased, so as to extend downwards half way between the costal cartilages and the level of the umbilicus. There was not any tenderness on pressure over the liver region, or anywhere over the abdomen. The spleen was also found to be enlarged. He suffered sometimes from flatulence. On the two sides of the chest and abdomen there were a few small rounded papules, slightly raised above the level of the skin, and of a faintly reddish colour. There were also one or two similar papules on each arm. On the 12th he passed sixteen ounces of urine, sp. gr. 1020, acid, and containing one twentieth part of albumen, but no sugar or casts. Ordered milk and beef-tea diet. To take five grains of iodide of potassium in saline mixture three times a day.

On the 14th the patient's evening temperature fell to 100·5°. That day he passed only eight ounces of urine, which still contained a small quantity of albumen, but no casts. On the 16th he complained of some soreness of throat, the result of fresh cold. His appetite continued to improve. To take five grains of chlorate of potash in one ounce of perchloride of iron mixture three times a day.

On the 26th the patient felt much better, and was not quite so anæmic. His temperature had gradually fallen from the 15th, and had been normal for two days. He now passed about sixty ounces of urine in the twenty-four hours. It still contained a small quantity of albumen. The liver and splenic dulness have diminished in area.

On March 12th the patient continued to improve, and went out to-day.

Remarks by Dr. JULIUS POLLOCK.—This case is one of some interest, being apparently an instance of idiopathic amyloid disease of the liver, spleen, and kidneys. When first seen the great enlargement and "rounding" of the liver was most remarkable, and the existence of a somewhat enlarged spleen and of albumen in the urine makes it pretty clear that the spleen and kidneys were likewise affected. Contrary to expectation, the patient began to get better from the moment of his coming into the hospital, and before he left the liver was scarcely larger than normal, and there was but a trace of albumen in the urine. The cause of the amyloid change in this case is quite obscure.

WEST LONDON HOSPITAL.

STRICTURE OF THE URETHRA AND STONE IN THE BLADDER; MEDIAN LITHOTOMY; RELAPSE OF THE STRICTURE THREE YEARS AFTERWARDS; EXTERNAL URETHROTOMY; GOOD RESULT.

(Under the care of Mr. TEEVAN.)

GEORGE D——, a mechanic, forty-six years old, was admitted into the hospital on March 10th, 1874. He stated that he caught a gonorrhœa twenty-five years ago, which was treated by medicines and injections; it gradually dwindled into a gleet, which hung about him for some time. Fourteen years ago he had such difficulty in micturition that he went into a hospital, where his stricture was treated by gradual dilatation. He remained tolerably well for some time, when he experienced a relapse, and entered another hospital, where he went through a course of treatment similar to that on the previous occasion. The largest instrument which could be passed at either course was No. 9 (English), and if an attempt were made to introduce No. 10, it was followed by a rigor.

When admitted into the West London Hospital, he was obliged to micturate every ten minutes or so, and could only eject a few drops of urine by straining forcibly. There was a considerable amount of muco-pus in the urine, and he complained of much pain in the loins. His body was well nourished, his appearance healthy, but his expression was indicative of much physical suffering. No instrument, soft or metal, could be passed through the stricture, which commenced four inches and a half from the meatus externus. The patient was kept quiet in bed, purged, and his perineum leeched. Every other day attempts were made to pass different instruments, the patient having previously introduced a bougie as far as it would go, and kept it pressing against the stricture for half an hour, in order to dilate its mouth. The "bougie armée" was used on four occasions, but the treatment did not agree with him, although it apparently did much good, for on April 29th Mr. Teevan managed to pass a fine olivary whalebone bougie into the bladder, and tied it in for twelve hours. On May 6th he introduced a similar bougie as on the former occasion, and then attempted to slide over it a No. 1 (English) silver catheter open at both ends. Whilst endeavouring to make the metal tube pass over the angle in the bougie at the subpubic curve, the bougie was cut in two. A part (about two-thirds) of the instrument was withdrawn, but the remaining portion, some four inches long, could not be extracted, and was left in the bladder. The patient experienced no inconvenience, and as he was passing a better stream of urine, he left the hospital three days afterwards, to be treated as an out-patient.

By June 30th his stricture had, by gradual dilatation, been enlarged to No. 14 French gauge. He complained of suffering considerable pain from time to time in the left loin, and occasionally passed small, black, pultaceous-looking threads, which were evidently pieces of the disintegrated bougie.

On October 5th he was readmitted, as he was troubled to micturate very frequently and experienced a good deal of pain in the left loin and down the penis. As the patient's symptoms pointed to the presence of a stone in the bladder, as the stricture would now only admit a very small instrument, as the healthy urethra was naturally very small, and as continuous or gradual dilatation was followed by rigors which greatly prostrated the patient, and interrupted the treatment, Mr. Teevan determined to divide the stricture externally and extract the stone, which he knew must be soft and small, through the opening.

On Oct. 17th the patient was put under the influence of ether and a No. 3 (English) catheter staff having been introduced into the bladder by Mr. Teevan, he divided the stricture, which was two inches long, externally, passed a long urethral forceps into the bladder and extracted the three fragments into which the stone had broken when grasped. The pieces, when put together, represented a calculus about as large as a damson, and weighed ninety grains; the largest piece had as a nucleus a portion, about half an inch long, of the broken bougie. The daily records of the temperature, as taken by Mr. Webber, the house-surgeon, showed that there was scarcely any constitutional disturbance after the operation, and the patient left the hospital with the wound quite healed on Nov. 7th, the urethra admitting No. 16 of the French gauge. He attended a few times as an out-patient, and then discontinued his visits.

On May 14th, 1877, he was again admitted, as his stricture had recontracted, and would only take No. 2 English. He was treated by continuous and gradual dilatation, but as little progress was made, and as the introduction of instruments was very painful and attended by much constitutional disturbance, often culminating in rigors, Mr. Teevan decided to perform external urethrotomy. Accordingly, on May 29th, the patient was put under the influence of ether

by Mr. T. G. Alderton, and a small catheter staff having been passed and handed to Mr. Butlin to hold, Mr. Teevan divided the stricture externally. The patient made a very rapid recovery, and left the hospital with the wound healed on June 10th. The urine was quite clear and No. 16 could be passed easily.

Mr. Teevan remarked that the formation of stone in the present instance was entirely owing to the bougie having been cut in two by the silver catheter which was slid over it. He had found by experience that a whalebone bougie was always liable to be splintered or cut in two if an angle formed in it at any portion, and such an occurrence was very likely to take place at the subpubic curve. He had therefore abandoned the use of the whalebone for this particular purpose, and now employed the French filiform bougies, which were made of silk, and, being very flexible, would not form into angles. It would be difficult to exaggerate the value of whalebone and filiform bougies in the treatment of cases of retention and impassable stricture, and in his hands they had saved many a patient from a serious operation, and the fact that a solitary accident had occurred in no way militated against their employment. He considered that cases of small or medium-sized stones complicated by the existence of a stricture were best treated by internal urethrotomy and lithotrity. Why, then, had he adopted a different treatment in this particular instance? He had been led to do so on account of the small calibre of the healthy portion of the urethra, its extreme sensitiveness to the passage of instruments, which was followed by rigors which greatly prostrated the patient and interrupted the treatment, and the amount of muco-pus in the urine. Now, by dividing the stricture externally, he knew that the rigors would be avoided, and, as the stone must be small and soft, it could easily be broken up and washed out through the external wound without incising the neck of the bladder. For similar reasons, when about to operate for the second time, he selected external urethrotomy in preference to the internal division. It was worthy of remark that, whilst during the treatment by gradual dilatation the temperature would often rise to 103°, and be attended by rigors, it never reached 99° after either operation, nor was there any shivering. The wound had on each occasion closed very rapidly; after the first operation it was healed in eighteen days, and after the second one it was quite closed in ten days. He considered median lithotomy had a very limited field; for it was only, he thought, adapted for cases like the present, in which lithotrity was not reckoned to be eligible, or for those cases of crushing in which a cutting operation was deemed necessary for the immediate and complete removal of all the fragments.

HÔPITAL ST. LOUIS, PARIS.

VESICO-VAGINAL FISTULA; COMMUNICATION OF THE URETHRA WITH THE VAGINAL OPENING; OPERATION; RECOVERY.

(Under the care of M. PÉAN.)

ON the 23rd of February, 1877, Rose B—— was admitted into the hospital. She was of a good constitution, and had never been ill previously. She had menstruated for the first time at eighteen years of age, but since that time her periods had not been regular, there being at times an interval of three months. The flow had never been very abundant, and the blood was rather pale in appearance. There was no leucorrhœa.

The patient was confined for the first time on the 4th of March, 1876. The accouchement took place at term, but the child was still-born. Labour lasted for three days and three nights, and was finally completed by forceps. Shortly after delivery she noticed that the urine flowed continuously and involuntarily through the vagina. This condition lasted for about nine months, when she decided to apply for relief. On entering the hospital it was found that she was suffering considerably from vesical tenesmus. The urine passed freely into the vagina, and the flow appeared to be in no way affected. She could, however, increase the quantity of the outflow by contracting the bladder. There was a strong urinous odour, and the inner sides of the thighs were erythematous. The labia were covered with a thick coating of calcareous substance. It was found, by digital exploration, that nearly the whole of the anterior wall of the vagina had disappeared. The loss of substance extended from the os uteri to within two centimetres (four-fifths of an inch) of the meatus of the urethra. The mucous membrane of the bladder protruded through this opening. Exploration was rendered extremely difficult in consequence of the presence of a thick circle of cicatricial tissue embracing the whole circumference of the vagina, and contracting it considerably. This stricture was immediately in front of the opening, and was formed of dense, thick, non-dilatable fibres, extending for a distance of one centimetre (two-fifths of an inch) on the anterior wall, and twice as far on the posterior and lateral ones. Examination with the speculum was almost impossible, but after some difficulty a speculum was introduced, and, on passing a catheter up the urethra, it was found that this canal communicated largely with the vesical opening. There was not the slightest trace of erosion on the posterior wall of the vagina. The necessary operation for the cure of the patient was thus rendered doubly difficult—firstly, owing to the extent of the loss of substance; and, secondly, on account of the narrowing which was situated on the anterior part of the vagina, which would not permit of a sufficient opening to allow the operator to see what he was doing. Moreover, this cicatricial tissue would not have allowed the surfaces of section to have been brought together.

Dr. Marion Sims, who happened to be visiting M. Péan's wards at that time, was asked to give his opinion upon the case. Having in view the serious complications, he advised progressive dilatation of the stricture by means of glass cylinders varying in size. An annular dilator of the vagina was introduced closed, and then opened when it was in position, but the pressure on the mucous membrane was so painful that this method had to be given up after a very short trial. The health of the patient at this time became very unsatisfactory, so that M. Péan considered it advisable to send her to the country in order that she might gain sufficient strength to undergo an operation.

At the end of three weeks she returned to the hospital, and, being wearied of her condition, begged M. Péan to have recourse to some operative measures. It was consequently decided that the operation should be performed on the 28th of March.

When thoroughly under the influence of chloroform, a bivalve speculum was introduced as far as the stricture, which was by this means completely exposed. An incision was then made through about half the thickness of the cicatrical substance situated on the anterior wall of the vagina. The speculum was then entirely introduced, and then only could the full extent of the fistula be appreciated. It was found that the neck of the uterus was adherent to the anterior wall of the vagina. This connexion had to be destroyed in the first instance, before proceeding to the freshening of the edges of the fistula. At this stage one of the assistants who was holding the speculum suddenly drew the instrument slightly forwards, and made a small rent in the rectal wall of the vagina, and a little fæcal matter oozed through. The edges of the vesical fistula were then made raw, and brought together and stitched by means of twelve sutures. The edges of the rectal opening were likewise brought together, and the patient was then removed to bed.

In the evening the temperature was 38° C. (100·4 F.); pulse 92. A catheter was left in the bladder, in order that the wound should be as little as possible in contact with the urine. A nurse was constantly at the bedside to see that she did not move in her sleep.

On March 29th the temperature was 38° C.; pulse 90. She had slept very well. Had no appetite. The urine flowed freely through the catheter. On the 30th the temperature was 37·6 C.; pulse 84. Appetite better. No fever. Catheter still left in the bladder.

From this date the patient continued to progress favourably till the 13th of April, when the sutures were taken out. When the catheter was withdrawn the patient micturated normally, and the whole of the urine passed through the urethra. On the 26th of April she noticed that a slight amount of urine trickled through the fistula when she micturated, and upon local examination a very minute orifice was found at the anterior part of the cicatrix. The rectal fistula was completely healed.

On the 4th of May she went to the country, promising to come back after a few months, when the slight complementary operation necessary to render the recovery complete will be performed.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Minute Anatomy of the Kidney.—Ophthalmoplegia Interna.

THE ordinary meeting of this Society was held on the 9th inst., Dr. C. West, President, in the chair.

Dr. W. M. ORD showed two women the subjects of the peculiar affection which he had called Myxœdema, described by him in a paper read before the Society early in the session. (See THE LANCET, vol. ii. 1877, p. 610.) These patients are now under his care at St. Thomas's Hospital, and are typical instances of the affection. Dr. Ord, in giving a slight *résumé* of the disease, said that analysis of normal and of simply œdematous skin yielded hardly any mucin, which abounded in the skin in this condition.

A paper was read "On some Minute Points in the Anatomy of the Kidneys, and their Relation to the Pathological Feature of Urinary Casts," by Dr. REGINALD SOUTHEY. The continuous system of the urinary tubules is first described by the author, and traced from their commencement in the papillæ renales up to the Malpighian bodies. The tubuli uriniferi thus commence in primary excretory oval orifices in the medullary cones, which measure from 0·3 to 0·19 mm. in diameter. The short trunks these open into have no membrana propria, but are set in and bounded by fibrous connective tissue; they each split up into rectangular running branches or gathering mains, and from them perpendicular mounting branches are distributed, which quickly split up again into ascending stems or collecting branches of the third order. These collecting tubes are, first, branches which can be made out to possess a delicate membrana propria, and to be distinctly lined with a low sessile columnar epithelium, and to present lumina. They measure from 0·0501 to 0·0510 mm. in diameter, and, while bifurcating at the margino-medullary level into a number of branches, these are all of nearly the same calibre (0·01 mm.) The collecting tubes curl over into the tortuous tube districts, and become the tortuous tubes, enlarging in size considerably, measuring on an average 0·0201‴ or 0·033‴, while the epithelium lining their membrana propria nearly fills up their bores. The tubes, however, do not retain their tortuous or glandular characters for long, but turn back into the straight tube columns from which they started, and drop, as Henle's down-loopers, in juxtaposition with the collecting tubes. These down-loopers are the narrowest tubes of all, 0·008‴ to 0·009‴. They are transparent-looking, and lined with a flattened pavement epithelium, surmounted by slightly projecting nuclei; they retrace their passage into the convoluted columns, and once again gradually enlarge in diameter, and acquire the attributes of tortuous or secreting tubes proper. If these diameters and the relation of the secreting system of tubes to the collecting system, the former being directly united to the latter by very narrow midway canals, be considered, it will be obvious that anything like a desquamative shedding of epithelium from the secreting tubes could not pass into the collecting tubes. Further, the size and shapes of all casts are found to correspond with the excretory system of renal tubuli. Their most fertile source Dr. Southey believes to be the collecting tubes or ascending straight tubes of the third sub-division; in these are found the ordinary urate infarcta of new-borns, and the granular and fibrinous casts of chronic renal degeneration. The fine fatty streakings and lime deposits of old persons are seen more strictly limited to the transparent midway channels or down-loopers. The largest old fatty granular casts, which consist of cellular débris, leucocytes, fat dottings, and urinary salts, are doubtless cast or moulded in the gathering mains close to the orifices of the papillæ, but cannot be held to be secretions from the tortuous secreting tubes deprived, as has been by some supposed, of their epithelial linings. The value of casts in deciding the diagnosis and estimating the advancement of renal diseases has been much over-rated. Their different forms and appearances are derived in part from the materials of which they are composed, but in greater part are due to the length of time during which the gelatinised plugs of fibrinous material derived from the blood-serum have resided in the passages whose mould they take, the degree in which they have been soaked with urinary salts and stained with urinary pigments, and become degenerated. After many years' vain search for them, nothing like a desquamative shedding of the epithelium lining a tortuous tube has ever been observed by the author. And although red and white blood-cells, leucocytes, and escaped nuclei have been constantly observed in acute nephritis entangled in fibrinous plugs, the actual linings of the straight collecting tubes, with their low, sessile, columnar epithelium, have as such never been recognised by him. To form any clinical inference as to the nature and extent of renal disease from the sediment of the urine and tubal casts is about as unsafe as forecasting the issue of bronchitis or pneumonia by the expectoration. It is not that the casts or the character of the expectorated matters have no clinical value, but they have a relative one only. In renal disease, the casts should be appraised side by side with the diurnal urea excretion, and considered in reference to the quantity of albumen excreted at different periods of the complaint.—Dr. GEORGE JOHNSON said that he differed almost totally from Dr. Southey's statements, which, if true, would show that there was very little diagnostic value to be set upon the study of renal casts. The author's main argument rested on the assumption that all the convoluted tubes were connected with the looped tubes; but this could not be proved, and Dr. Johnson much doubted it as a fact, for he was quite certain that casts formed in the convoluted tubes do appear in the urine. For example, in cases of renal hæmorrhage from turpentine, casts appear in the urine formed of blood, which, it is perfectly certain, comes from the system of the Malpighian capillaries; such casts are moulded in the convoluted tubes, and often appear quite convoluted themselves. Casts formed of white blood-corpuscles must also proceed from the exudation of leucocytes from the Malpighian tufts, for no changes are found in the tubules indicating their passage through the walls and epithelium. The majority of fatty casts, too, had their origin in the tubes of the cortex, which was pre-eminently the seat of fatty degeneration. He was surprised at Dr. Southey's statement that he had never met with an epithelial cast, for he had seen casts covered with undoubted glandular epithelium in a vast number of cases. A common instance of epithelial shedding was met with in cases of obstructive jaundice. If the epithelium could not be got rid of, every inflammation of the kidney, even the slightest, might lead to fatal results from blocking of the channels. Desquamation implied formation of new cells as well as shedding of the old. Dr. Johnson also stated his firm belief that the large size of casts was an indication of their formation in tubes denuded of epithelium; whilst, on the other hand, small flattened casts were found when the epithelium remained and was swollen. He did not agree with Dr. Southey that the large hyaline casts were most numerous in acute cases; they occurred mostly in chronic cases, and their abundance was in direct relation to the amount of atrophy and disorganisation of the kidney present.—Dr. ANDREW thought that the author had not allowed sufficiently for the compressibility of the materials forming casts and the dilatability of the tubes through which they must pass.—Dr. POWELL asked whether it was essential that all materials exuded into the urinary tubules should pass out as casts? Might not they often undergo liquefaction and absorption, as in the alveolar exudation of pneumonia?—Mr. HOWSE, speaking of the formation of casts in acute nephritis, suggested their production from transformed renal cells. He had constantly seen in such conditions the tubule filled with cells distended with clear material; and casts might be formed by the union of such altered cells. The delicate character of such structures would favour their ready liquefaction and absorption.—Dr. SOUTHEY, in reply, said that, had he entered into pathological details, he should certainly have drawn attention to the fact that the products of renal inflammation could be absorbed as Dr. Powell had suggested; but his main object had been to show that the existence of the looped tubes (which, from their number, he believed were connected with all the excretory tubes) was *à priori* evidence against the passage through them of casts formed in the larger convoluted tubes. Granular material and detritus, no doubt, did traverse them, and in chronic parenchymatous nephritis the excretory tubes were found blocked with such products; but he had never seen anything

like an epithelial cast which could have been formed by desquamation of the secreting epithelium. The convoluted tubes varied much in size in their course, and he had not met with casts reproducing their characters in this respect. As to the formation of small casts between swollen epithelium, that was pure speculation, and he believed himself that these finer casts came from the looped tubes.

The following is an abstract of Mr. JONATHAN HUTCHINSON'S paper "On a Group of Symptoms (Ophthalmoplegia Interna) indicative of Disease of the Lenticular Ganglion." After briefly alluding to the anatomy of the lenticular ganglion, the author stated that its destruction by disease might be expected to be followed by paralysis of three distinct muscular structures—the dilator of the pupil, the constrictor of the pupil, and the ciliary muscle. Under such circumstances the pupil would become motionless, and the patient, losing the power of accommodation, would be unable to read with spectacles. For this condition, involving paralysis of all the muscular structures within the eyeball, the term ophthalmoplegia interna was suggested, whilst that of ophthalmoplegia externa was proposed in contra-distinction for cases in which all or most of the muscles moving the eyeball were involved. The author expressed his belief that examples of both these conditions were met with occasionally in practice, and that the features of each were peculiar and of great interest to neuro-pathologists. His conjecture was, that when ophthalmoplegia interna existed alone—that is, unattended by paralysis or defect of any of the external muscles of the eyeball,—the disease was, in all probability, in the lenticular ganglion itself. In venturing upon this diagnosis, as great importance was to be attached to the absence of some symptoms as to the presence of others. If disease existed implicating the nucleus, or any part of the trunk of the third nerve, and this paralysing the constrictor of the pupil, there must necessarily be defect of some of the external muscles of the eyeball. The paper next proceeded to narrate the details of eight cases in which the condition referred to was present. None had afforded an opportunity for dissection, and the diagnosis for the present must therefore be held to be conjectural only. It was observed, however, that the cases bore a very close resemblance to each other. In none of them was the patient seriously ill, and in but two were there definite indications of implication of other parts of the nervous system. In none did the disease of the nervous system whilst the patient was under observation extend, a fact which might, it was suggested, be in part accounted for by the fact that specifics were used in all. Of the eight cases in five both eyes were affected. It appeared highly probable that syphilis was in most the remote cause. In three out of the eight there was no history of syphilis, but in none of these were the facts conclusive as to the negative. All the patients were of an age at which syphilitic affections of the nervous system are common. The eldest was forty-four, the youngest twenty-seven. In one case the author had himself attended the patient for severe syphilis four years before the eye symptoms began. Attention was especially asked to the fact that in many cases the paralysis of the iris preceded that of the ciliary muscle, and was almost always in excess of it; and, further, that under treatment the ciliary muscle might regain its power, whilst the iridoplegia persisted. In no single case was the failure of accommodation the first symptom. A suggestion was made as to the possible association of this group of symptoms with the early stage of locomotor ataxy, especially with that form of it which appears to be connected with syphilis.

MEDICAL SOCIETY OF LONDON.

Intestinal Worms in Children.

AT the meeting on the 8th inst., Mr. Erasmus Wilson, President, in the chair,

Mr. WM. ROSE showed a boy, aged eleven, from whom he had removed the left half of the lower jaw, for a spindle-celled sarcoma of rapid growth, involving the ascending ramus. The jaw was divided by Mr. Rose between the left canine and first bicuspid teeth, and disarticulated on the same side. The incision followed the line of the jaw, the lip being left uncut. The patient made a rapid recovery. There was but little deformity; but, of a necessity, a slight left facial paralysis.—Mr. BLOXAM urged the removal of the interarticular fibro-cartilage in such cases; and, in answer to the President, Mr. Rose said the growth probably commenced in the periosteum.

Mr. FISHER showed two boys, eight years of age, subjects of Congenital Talipes.—Case 1. Severe equino-varus of both feet; the tendons of the tibialis posticus and anticus muscles were divided, and the varus reduced. The plantar fascia was then cut, and the contraction of the sole being overcome, section of the tendo Achillis was performed, and treatment of the equinus proceeded with. The case was under treatment for eight months.—Case 2. Congenital valgus of both feet, treated by division of the tendons of the extensor longus digitorum, extensor pollicis, and tibialis anticus in the right foot, and those of the two long extensors only in the left foot. Scarpa's shoes, with divided sole-plates, were then worn.—Mr. W. ADAMS thought the cases good examples of the ordinary mode of treating talipes.—Mr. MAUNDER asked whether these cases could not have been treated by instrumentation alone without tenotomy.—Mr. BLOXAM made a few remarks, and Mr. FISHER briefly replied.

Dr. SANSOM read a paper entitled "Notes on some of the Common Disorders of Children." They were suggested by an experience of nine years at the North-Eastern Hospital for Children. More than half the cases which came under treatment were those of disorder of the alimentary canal; and, taking 500 cases promiscuously, 145 (or 29 per cent.) were disorders due to the presence of intestinal worms. The general prevalence is, no doubt, much higher. The symptoms produced by the parasites are divisible into a large class of direct and a small class of reflex phenomena, and the diagnosis is made by the direct observance of the parasites in the dejecta or about the body. The chief intestinal parasites of children in this country are the ascaris lumbricoides and the oxyuris vermicularis; the ova of the former being introduced by contaminated drinking water, and those of the oxyuris by direct communication or by ingestion. An individual once affected becomes a constant source of self-contamination, for the ova are conveyed by the fingers from the neighbourhood of the rectum to the mouth. Most of the symptoms produced by these parasites are the direct results of the irritation by themselves or their ova, so that not only do they produce the symptoms referred to in the rectum and intestines, but they cause unhealthy sores about the groins, whitlows and ulceration of the fingers, irritation of the nares, as well as many of the forms of impetigo. Stomatitis, hypertrophy of papillæ at root of tongue, pharyngitis and tonsillar ulceration could also be attributed to their direct irritation. The peculiar cough of vermiferous children was due to local irritation of the fauces. Reflex phenomena, as epilepsy, hemicrania, and chorea, were most common in the hosts of lumbrici. Santonine for lumbrici, aperients and enemata for ascarides, were indicated as the best line of treatment; a concurrent tonic treatment, and prophylaxis in the enforcement of absolute cleanliness, were insisted on.—Dr. EDIS spoke of the frequency with which vaginal leucorrhœa in children was due to the thread-worms creeping into the vagina. He had seen grave effects resulting from the use of a solution of carbolic acid as an injection. He referred also to possible infection from cats.—Dr. De H. HALL said the central streak on the tongue was met with in most abdominal affections. He commended a Swiss baker who had announced his determination not to suffer his bread to be handled by intending purchasers. He advocated the use of iron both by the mouth and by the bowel, after the employment of free purgatives, in the treatment of oxyurides.—Mr. COLES spoke of the frequency with which intestinal worms are met with among children in China, the lumbricus being most common. He advocated the free use of salt with food.—Mr. WORDSWORTH said that during a stay of two years in the West Indies he had not met with a single instance of the common thread-worm. Lumbrici are very common, and he mentioned a case of tetanus which had recovered after vomiting one of these worms.—Dr. J. BRUNTON was quite certain that these parasites are incompatible with perfect health. He first employs purgation to clear out as many worms as possible, and then gives some tonic to enable the child to digest its food. He advocated repeated doses of linseed oil in emulsion.—The PRESIDENT said that the skin will respond to reflex irritation, erythema in some cases, eczema in others, and so on. He mentioned an obstinate case of labial eczema due to irritation of a carious tooth. Copaiba was useful in the treatment of thread-worm.—Dr. MAIN said that in cases in

which santonine had failed turpentine and castor oil were useful.—Dr. SANSOM, in reply, thought the skin affections were the immediate result of the irritation of the worm, the ova having been found in the discharges. The ascaris mystax of the cat had been met with in man. Salt was certainly indicated; any article of diet, such as brown sugar, which goes through many hands, is to be suspected.

PROVINCIAL MEDICAL SOCIETIES.

MANCHESTER MEDICAL SOCIETY.—At the meeting on March 6th, Mr. F. A. Heath, President, in the chair, Mr. CULLINGWORTH related a case of Progressive Muscular Atrophy in a woman forty-one years of age. She had been a factory hand from the age of nineteen, and her work involved continuous stooping. There was complete disappearance of lower half of trapezius, rhomboids, and latissimus dorsi, causing considerable eccentricity in the movements of the scapula. The deltoids, pectorals, levator anguli scapulæ, and serratus magnus, together with all the muscles of the arm and hand, remained as yet intact. The sacro-lumbalis, gluteus maximus, and the flexors and extensors of the hip, were thin and weakened, and there was also weakening of the erector spinæ. She sat down suddenly with a shock, and rose from her chair with great difficulty. She could walk pretty well on level ground, but ascending stairs or an incline called forth exertions painful to witness. She was improving under faradaism.—Dr. DRESCHFELD showed preparations of a case of Fibroid Phthisis of the Left Lung, in which the left bronchus was almost totally obliterated, partly by fibrous tissue outside and papillomatous growth inside the bronchus. During life there was retraction of the left half of the chest, dulness on percussion, absence of fremitus and of breath-sound, and marked ægophony both in front and behind. There was no dyspnœa. The right lung was emphysematous. He also showed specimens from a second case, which during life presented symptoms similar to the first, but limited to the left infra-scapular region. A sarcomatous tumour, the size of a large orange, was found investing the descending thoracic aorta and displacing the left lung upwards. A second tumour surrounded a branch of the left pulmonary artery; it was separate from the first, and seemed to have grown from the adventitia of the bloodvessel.—Mr. WHITEHEAD showed a Urethral Brush for cases of chronic discharge. It is fixed near the end of a stilet, which can be protruded at pleasure from the end of a catheter specially shaped and adapted for the purpose. It allows of the application of remedies of a definite strength to remote places of the urethra.—Dr. YEATS showed a case of Impetigo simulating Lupus, and Dr. HUMPHREYS a boy suffering from a large obscure Tumour of the Liver.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—At the meeting on March 6th, 1878 (Professor Sanders, President), Professor ANNANDALE exhibited—1. A patient suffering from Writer's Cramp. Had been treated without benefit by internal doses of strychnia. Professor Annandale injected a solution of equal parts of solution of strychnia and water, beginning with six minims, into the substance of the affected muscles. The patient rapidly improved. 2. A case of Extroversion of the Bladder, which had been closed by two large lateral flaps. 3. A case where Both Thighs were Flexed on Abdomen and Legs on Thighs, the result of disease of left hip. The right leg was soon got straight, as the flexions were due to muscular contractions only. On the left side there was anchylosis of the hip-joint. After free incision, the head of the femur was found entirely destroyed by caries, and so not a suitable case for Adams's operation, but a wedge-shaped piece of bone was removed from the trochanter, resulting in a movable and straight limb.—Professor SPENCE exhibited—1. An Arm which had been amputated for a malignant tumour at bend of elbow. The radial nerve passed through the tumour and was implicated in the disease. 2. The Forearm of a Child, removed for a severe burn by fire. The preparation was beautifully injected, showing the highly vascular character of the ulcer.—Dr. ALLAN JAMIESON showed some Lead Cases similar to those employed by artists for holding their colours, for preserving and carrying croton oil.—Professor ANNANDALE showed—1. A rare preparation of a Fibrous Polypus with Osseous Points, and removed during life from the œsophagus of a gentleman aged seventy-five. 2. Three Loose Cartilages, removed from a patient aged sixty by free incision into knee-joint.—Dr. MUIRHEAD exhibited morbid specimens from a patient who died of Pernicious Anæmia; all the organs excessively anæmic.—Dr. CRAIG then read a paper entitled "Notes on a Rare Congenital Malformation of the Leg, with an Anatomical Description of the Parts," by Johnson Symington, Esq., M.B. In this case the lower third of the tibia in one leg was undeveloped, and there was a mammillary projection of the skin at the front of the lower third of the leg. Dr. Craig considered the causes of this malformation were purely local, and that at some time the bone perforated the skin.—In answer to Professor Sanders, Dr. Craig said there was no history of injury during pregnancy.—Professor Annandale once saw a new-born child with a united compound fracture of the leg, and thought it likely that in this case some accident had occurred.—Mr. Chiene thought an abscess of the lower epiphysis of the tibia the true cause of the deformity.—Dr. Symington did not agree with Mr. Chiene.—After a few further remarks from Mr. Macdonald, Dr. Wyllie, Dr. Kirk Duncanson, and Mr. Haycroft, Dr. Craig briefly replied.—Dr. W. A. JAMIESON exhibited a man who had suffered from Lupus Erythematosus for twenty years. It began when he was sixteen on the cheek, and gradually extended over the nose, forehead, neck, ears, hands, and feet. On the nose it presented the characters of the true lupus erythematosus of the Germans. On the hands it more resembled the superficial variety of ordinary lupus, but here also the disease was distinct. Sections of portions of skin removed from a pretty recent patch on the lobe of the ear, and an old one on the back of the hand, were shown. The first showed the cell infiltration into the sebaceous glands, the hair-follicles still partly unaltered, partly converted into alveoli. The second showed the epidermis healthy, the meshes of the papillary layer of the corium dilated and containing cells, few in number in the upper part, but crowded into masses in the deeper portion. When the more open and areolar portion of the derma was reached the cell infiltration ceased. The sebaceous glands and hair-follicles had nearly disappeared. The cell infiltration bore no relation to the vessels. Sections from two examples of non-ulcerating lupus vulgaris were shown in contrast. The cell infiltration was chiefly in the neighbourhood of the vessels and more uniformly diffused. The mucous layer of the epidermis was hypertrophied. The treatment of the case had consisted in frictions with spiritus saponis, with subsequent inunctions. Chrysophanic acid had been tried, but caused too much pain.

New Inventions.

A PORTABLE SUBCUTANEOUS SYRINGE.

THIS elegant case is very compact, and not much larger than an ordinary fusee-box or a lancet case, and may, therefore, be easily carried in the waistcoat-pocket. The case submitted to us is made of aluminium, but silver or other metals may, of course, be employed in its manufacture. It is neatly engraved, with shield for crest or monogram, and contains a thoroughly well-made syringe, graduated on the piston rod, with stop-screw to regulate the amount of fluid injected, two needles, two bottles for morphia, strychnia, atropia, &c., stoppered and capped. The lid closes securely with a snap, and may safely and conveniently be carried in the pocket. The manufacturers are Messrs. Salt, of Birmingham.

BRONCHITIS KETTLES.

IN these cold spring days we should spare a line of praise for the above invention of James Allen and Son. They are admirably adapted for projecting a current of steam into the room of a patient, or, if necessary, under blankets, so as to give a vapour-bath. They consist essentially of a boiler heated by a spirit-lamp, and a long tube-like spout, which can be turned in any direction. In spring and winter, when bronchitic disease is so prevalent, they offer a useful device which may minister important relief to tight chests and dry mucous membranes.

THE LANCET.

LONDON: SATURDAY, APRIL 13, 1878.

THE Medical Council met on Wednesday, and, to do it justice, lost no time in going *in medias res*. Scarcely an hour elapsed before the Council was deeply engaged in the consideration of the Lord President's Bill, and more particularly in the discussion of a motion by Dr. HUMPHRY, reminding the Council that in 1870, by a large majority, and after much deliberation, it passed a resolution in favour of the formation of Joint Examining Boards in each division of the kingdom; that the Council has since sanctioned a scheme for such a Board in England; and averring that the Council adheres to the principle of that resolution, and is of opinion that no medical legislation relating to examinations will be satisfactory which does not provide for the formation of an Examining Board in each of the three divisions of the kingdom. The speech in which Dr. HUMPHRY enforced his resolution was exhaustive and convincing, excepting to those members of the Council, such as Dr. ANDREW WOOD and Sir DOMINIC CORRIGAN, who are wedded incurably to the existing and traditional arrangements. Sir DOMINIC has always and consistently opposed the demand for Conjoint Schemes; but he has generally been in a solitary minority. Nevertheless, he has been more severe than all other reformers put together, by suggesting a Bill that was to create a new examination in addition to all existing ones, and which alone was to confer a qualification for all civil appointments. Dr. ANDREW WOOD, under the pressure of public opinion, in 1869 and 1870 yielded, and appears on the Minutes of that time as a supporter of compulsory Conjoint Schemes. It is not easy, at the time of our writing, to say what shape the discussion will take, and what result it will have. But it can scarcely fail to be in favour, by a considerable majority, of a demand on the Government to introduce into the Bill a clause making the establishment of Conjoint Schemes compulsory. The consistency of the Council requires this to be done; public opinion calls for it. The scandal of numerous and incompetent Boards—incompetent of course, we mean, only in a technical sense—cannot be much longer tolerated. The Lord President's Bill has one sound principle in it—the recognition of the necessity of a double qualification. Henceforth no one is to be registered who does not possess a double qualification. The corollary of this principle is the establishment of complete examinations. Is it to be reconciled with justice that a Bill shall be brought in by a Government to deal a deadly blow at single qualifications, and leave untouched the one-sided bodies granting them? We are aware that the Government is very strong; but it is not strong enough to press such an absurdity and injustice as this on the Legislature. If the Bill is not amended so as to compel the conjunction of the different examining bodies which at present give only half diplomas, and if half diplomas are henceforth to be unregistrable, what grievance against the Government will not be felt by a student who passes, say, the College of Surgeons? After great labour he passes the examination; at a great cost he buys the diploma from an old institution with an honourable history, but with no longer the power to give a registrable diploma, even to practise surgery! This, as we understand it, would be the absurd effect of the Bill of the Government. Dr. ANDREW WOOD is a fair man. He is a great supporter of the Medical Corporations. What does he think of the legislation that would abolish the power of the College of Surgeons of Edinburgh to give a registrable diploma, even in surgery, and that yet permits the College to go on selling its unregistrable articles. There is no escape from the conclusion that if half diplomas are to be abolished, imperfect and one-sided licensing boards should by the same Bill be abolished too. Dr. ANDREW WOOD descanted, with his usual hearty eloquence, on the good accomplished by the Medical Act, inferring, with his characteristic conservatism, that nothing could be better than the existing institutions and the present Medical Council. As a curious illustration of the perfection of medical machinery he gave the large rejections at all the medical boards. It is, indeed, an odd way of showing the efficiency of our present colleges and corporations to quote the figures which show that a third of the candidates who present themselves for examination are so incompletely educated that they cannot pass very modest examinations. But we cannot follow him in his defence of a system which he has condemned, and which the Lord President's Bill at once condemns and perpetuates. Some one objected to Dr. HUMPHRY'S motion as prematurely taking the opinion of the Council on a single feature of the Bill—its avoidance of the principle of compulsory conjoint schemes. But this objection, as it deserved, came to nothing, for the Council felt instinctively that by its treatment of this principle a Bill must stand or fall. Finally, there is very noticeable another feeling in the minds of the more independent members of the Council—namely, a conviction—in some minds it takes the form of a fear, in others of a hope—that a conjoint system is the only way of saving the profession from a State Examination. Dr. ACLAND in his opening address, Dr. ROLLESTON, and others gave expression to this feeling. Our own opinion on this subject is well known, and we see with satisfaction the steady growth of feeling in favour of the establishment of a simple Examining Board independent of all corporations, appointed by the Medical Council, for licensing, at a small cost, the entrants of the profession, and leaving them free to identify themselves afterwards with any of the colleges or universities, as they may see fit.

THE articles on Diseases of the Stomach and Intestines, which constitute the most important section of the seventh volume of ZIEMSSEN'S Cyclopædia, are from the pen of Dr. LEUBE, Professor of Clinical Medicine in the University of Erlangen. The articles are remarkable for fulness of scope and well-considered discussion of detail. To the English reader they present an agreeable contrast to many of the articles in these volumes, in the evidence they afford of careful study of the chief works on the subject in this country. Indeed the works of English physicians—notably of BRINTON, WILSON FOX, and PAVY—have added so much

to our scientific knowledge of the pathology and symptomatology of the various morbid states of the stomach, that their labours could be ignored less readily than those of English physicians in some other departments of medicine.

Our knowledge of the dependence of gastric disturbance on general states accompanied by anæmia and by pyrexia has been rendered much more precise by the labours of MANASSEIN, who has studied experimentally the influence of these conditions on the composition and action of the gastric juice. In dogs in which acute anæmia had been produced by bleeding, the gastric juice contains less acid, in proportion to the pepsin, than in healthy dogs; and the addition of acid increases the digestive power of the gastric juice far more than that of healthy animals. So in fever. Digestive mixtures made with the gastric juice of feverish animals quickly putrefied, if not mixed with acids; and putridity in the stomach always tends to increase the gastric disturbance in which it arises. It is easy thus to understand the common observation of the small digestive powers of anæmic and febrile persons.

An article is devoted to that very rare gastric disorder, the existence of which is hardly recognised in our current teaching, and which is here described under the name of Gastritis phlegmonosa. In the diffused form of this disease, the whole mucous membrane of the stomach becomes swollen, and is the seat of suppuration, which may extend widely in the submucous tissue. In the circumscribed form, a local collection of pus results, sometimes of considerable size. Thirty-one examples of this disease have been collected up to the present time, of which twenty-six were males and five were females; but, as LEUBE says, the numbers are two few to allow us to infer that the affection of males is so preponderant as these figures suggest. Of other causes we know nothing. In the diffused form the symptoms are vague. Vomiting is the most constant; tenderness is rarely very marked. The dubiousness of the symptoms is increased by the circumstance that pus is never vomited. The mucous membrane is perforated in many places, and by these openings the pus which is formed seems slowly to escape and mingle with the food, and probably is digested. Later on, peritonitis is always present, and its characteristic symptoms give an aspect to the case in which the gastric symptoms cease to be prominent. It is doubtful whether the diagnosis of these cases during life is at present possible. With the chronic cases, in which a circumscribed collection of pus forms, it is different. The abscess is frequently perceptible through the abdominal wall as a distinct tumour, and it may rupture into the stomach, and a large quantity of pus may then be vomited.

It is hardly necessary to say that the various forms of dyspepsia are discussed from their pathological, and not from their symptomatic relations. Most are considered as one disease, chronic gastritis. The condition recognised as atonic dyspepsia is practically ignored. Whatever the system may gain in scientific accuracy by the method, it certainly loses in clinical value, for the types of gastric disturbance are too diverse to permit of their useful description as one form.

The study of the symptoms of indigestion has been rendered in some respects more definite by the light which chemistry has thrown on the processes which go on in the diseased stomach. The acidity which results from the changes in the food is in part dependent upon lactic acid; but this cannot be regarded as entirely morbid, since lactic acid is a normal product of the digestion of the carbohydrates. It is present in the contents of the stomach, and is the only free acid to be found in the partly digested food. This gave rise to the idea, long dominant in France, that lactic acid was the true digestive acid of the gastric juice. In reality the hydrochloric acid soon disappears, displacing the lactic and other weaker acids from their compounds. The process of fermentation which gives rise to the production of lactic acid, or another process, results in the transformation of the lactic acid into butyric acid, carbonic acid and hydrogen being formed at the same time, and the butyric acid is the chief cause of the offensive acidity of the eructations. This process of fermentation can be imitated in the laboratory by digesting together putrefying albumen and sugar. FRERICHS believed that by another form of fermentation — the "viscous fermentation" — the carbohydrates were transformed into a peculiar mucilaginous material, of very low digestibility. The alcoholic fermentation may also, in some conditions, take place, and the acetous fermentation is still more common. All these changes are set up, in part at least, by substances introduced from without. It is clear, however, that the altered composition of the gastric juice plays an important part in permitting these fermentations, since, if the composition of the gastric juice is normal, such fermentation cannot go on. It is usual to ascribe much influence to the organisms sometimes met with, but it is uncertain how far they influence its occurrence, although some of them are concerned in the process. Sarcinæ especially, in the hands of KUEHNE, appeared incapable of producing any evolution of gas in vomited matters, or in various artificial fermentable mixtures.

The etiology of gastric ulcer is a subject to which much attention has been given, and on which much light has been thrown, although the immediate conditions of origin remain, to a large extent, obscure. The sagacious speculations of VIRCHOW, confirmed, as they were, by the conclusive experiments of PAVY, render it highly probable that the immediate cause of ulcer is such an alteration of the conditions of the circulation as lowers the normal alkalinity, which is due to the circulating blood, and permits the solvent action of the gastric juice upon the altered region. It is doubtful whether it is ever the result of an increase in the acidity of the gastric juice; the action of such an alteration in the secretion would be general not local. Moreover it is doubtful whether any considerable increase in the only dangerous constituent, hydrochloric acid, is possible, since the secretion of an increased quantity would probably be incompatible with the existence of the cells secreting it. Hence the local alteration in the circulation is the only intelligible causal condition. How this is produced, however, is still a doubtful matter. It is certain that arterial obstruction by embolism is capable of causing it. The chain of evidence on this point is very clear. Ulcers have been found in association with embolic infarctions in other organs. An artery obliterated by an embolon has been found in the base of an ulcer. A process of erosion has been traced in an hæmorrhagic infarct distinctly due to embolism. Lastly, in the well-known experiments of PANUM, gastric ulcers have been

caused by artificial poppy-seed emboli. Embolism or thrombosis has therefore been assumed as the probable cause of all ulcers. But this explanation is very doubtful. Most ulcers are unassociated with any other evidence of embolism, local or general, and the arteries in the neighbourhood of an ulcer are singularly free, in most cases, from any trace of thrombosis. It has therefore been supposed that muscular spasm may obstruct the circulation, and render one part of the mucous membrane so anæmic that the gastric juice can act upon it. But this view is purely speculative, and so also is that of AXEL KEY, who has suggested that the gastric spasm, by compressing veins, causes such hæmorrhage or thrombosis as leads to the same results. On the other hand, however, traumatic lesions of the stomach have sometimes healed quickly, although certain vascular disturbances must have occurred in their neighbourhood. The latest view is that of BOETTCHER, who has extended to gastric ulcer the micrococcal pathology which is to make all things clear. Having found the borders and bases of some gastric ulcers penetrated with masses of micrococci, he has inferred that the perforating ulcers of the stomach and duodenum are of parasitic origin.

Intimately associated with the pathology of gastric ulcer is that of gastromalacia, as it is fashionable now to term what used to be called "cadaveric softening." That the latter term is in the main accurate was demonstrated long ago by ELSASSER, and the evidence he adduced has never been materially impugned. But some facts, which LEUBE mentions and adds to, render it probable that the softening is sometimes not strictly cadaveric, but may commence during the last hours of life. The occurrence of a case of rupture of stomach and œsophagus during a fit of coughing, the organs post mortem being the seat of this change, suggested to HOFFMAN that it was in that case almost certainly an ante-mortem process. Another case is given in detail by LEUBE. An extensive rupture of the stomach, with general softening of the wall, was accompanied by a diffusion of the contents of the stomach over the intestines so uniformly that it was considered certain that intestinal peristalsis had occurred after the rupture. But there was some reason to believe that hæmorrhage into the wall of the stomach had preceded and determined the extreme softening.

The sections on the treatment of the several diseases present evidence of a sound, thoughtful system of therapeutics. The details are carefully worked out, and dietetic principles applied carefully, and on the whole wisely. There are some points which will excite surprise, and occasionally there is somewhat needless egotism. The characteristic of the line of treatment is the adoption of a rational system of therapeutics and a neglect of mere empirical methods. But the rational is pushed to an extreme which, in some places, verges on the impracticable, and the empirical is sometimes unduly discredited. We may adduce as an example of the former the insistance on the importance, in the treatment of gastric catarrh and dilatation, of the frequent complete removal of the contents of the stomach. No doubt this is an important measure, but it can only be efficiently secured, we are informed, by means of the stomach-pump, and the constant use of the instrument in all cases of chronic gastritis is strongly urged. Whatever may be the indifference of the German gullet to the œsophageal tube, we doubt whether any English practitioner would find the method a practicable or wise mode of treatment to adopt. As an instance of the other characteristic—the avoidance of the empirical—may be mentioned the disparagement of bismuth as a gastric sedative, which is to be employed "only when a regularly-planned course of treatment does not succeed, and we have to fall back upon experiments." The opinion that "it is not clearly established in what class of cases bismuth is to be used to advantage," probably would be considerably modified if the author were to make a more careful distinction between the cases of chronic gastritis according to their clinical, and not merely according to their pathological features, recognising the significance of the symptoms here grouped as "irritative," in which bismuth is of such inestimable value.

AFTER perusing carefully the memorandum of the Royal College of Physicians, intituled "An Act to amend the Medical Act, 1858," and a memorandum on the same subject by the President and Vice-Presidents of the Royal College of Surgeons, we are more and more convinced that the Bill in question must either be materially modified or altogether abandoned. There is, of course, some element of self-interest in the criticism of the Bill by these colleges. But after making due allowances for this there remains an amount of disinterestedness and justice which the Lord President will not fail to perceive. It is to the great credit of the two English colleges that they testify at this critical moment in the most explicit terms to the "supreme importance" of the compulsory establishment of Conjoint Boards in any measure of medical reform. Both the Colleges dwell on the amount of time and labour which for years they have been devoting to this subject, at the instigation of the General Medical Council, and on the proofs of willingness on their part to sacrifice their own individual interests and independence of action, for the sake of the great public advantage of a consolidation of the examining authorities. And they complain bitterly that this Bill of the Government hinders rather than advances this reform. The College of Physicians says: "Far from encouraging the English authorities to bring into operation the scheme which, after long and unremitting efforts, and overcoming innumerable difficulties, they have completed, and were prepared to make trial of, this Bill would compel them to abandon the scheme, and all hope of reaping any fruit from their labours." The language of the President and Vice-Presidents of the College of Surgeons, amply accepted by the Council in resolutions at its meeting on the 1st of April, is even more forcible. In Clause 5 of the memorandum attention is drawn to the fact that if Clause 3 of the Lord President's Bill becomes law, the now registrable qualifications of the College—the same holds, of course, of single qualifications of other colleges and the double diploma of the College of Physicians—its membership, its fellowship, and its midwifery licences, would no longer of themselves be registrable."..... In this point of view—the large disfranchisement of the College in favour of a central supremacy—"the President and the Vice-Presidents submit to the Council that, in their opinion, the Bill does not offer any such promise of public advantage as to claim that the College should on that account make any considerable surrender

of independence; and they must even observe that, in their opinion, the reforms which are most wanted in the licensing system of the United Kingdom would perhaps be rather impeded than promoted by the passing of the Bill. For the Bill, if it became law, could hardly fail to be deemed an expression of indifference on the part of the Legislature to that which the largest and weightiest consent of skilled authority has long recognised to be the chief evil of the present system—the evil of nineteen uncombined, and (in principle) competing Examination Boards in the three divisions of the United Kingdom, with the privilege allowed to each separate authority to grant registrable titles which shall be valid throughout the British Empire." The College of Surgeons has a huge pecuniary interest at stake in parting with its power of granting a registrable single qualification. Its readiness to do so in deference to a Bill that would abolish all single qualifications by the compulsory establishment of Conjoint Boards is a creditable fact in the history of this question. Its unwillingness to do so in favour of a Bill which virtually perpetuates single qualifications and competing boards is scarcely less creditable to the College. It is due to its own position and prestige to refuse to abandon its independence for any less consideration than the establishment by law of compulsory conjoint examinations for granting complete diplomas.

We have not space to analyse more minutely these memoranda. We will only further say that the College of Surgeons prefers Sir JOHN LUBBOCK'S Bill for the establishment of dentists, and recommends the withdrawal of the clauses with regard to midwives, with a view to the subject being dealt with separately and on a system of local rather than of central administration. In plain terms, the College of Surgeons seems to agree with us that the Lord President's Bill, in its negative and positive aspects, is thoroughly bad and objectionable, admitting only of withdrawal, and fit only to be forgotten.

THE discussion in the House of Commons on Mr. PEASE'S motion for the second reading of the Vaccination Law (Penalty) Bill was instructive in several respects. First, it furnished another striking example that the House was by no means disposed to tamper with the existing Vaccination Law, particularly in the sense of stultifying the law as to the infliction of penalties; indeed, the Bill was thrown out by a majority of 189. Next it brought to light a state of ignorance in its promoters and supporters as to vaccination and vaccination administration that showed how carelessly, if not perfunctorily, they had approached the questions. When Mr. PEASE illustrated his approval of the Vaccination Laws, excepting only as to infliction of penalties, by stating that he had himself been vaccinated four or five times, he made manifest that he was unacquainted with the rudimentary rules of vaccination, and was evidently unconscious that two of the vaccinations (if the number of times had been four) or three (if the number of times had been five) were superfluous. When he further proceeded to state that "the President of the Local Government Board could not deny that children died under the operation of the Act in a wholesale way," it was difficult to reconcile the statement in any reasonable way with the previous approval of the law, and we can only marvel how an individual speaking under any sense of responsibility could utter so wild a statement. When Sir THOMAS CHAMBERS admitted that vaccination was a great preventive of small-pox, but objected to it that it did not prevent other diseases, and further argued that a compulsory law on the subject could only be justified on condition that the operation did not rest on "a mere medical theory," we looked in vain for the occasion of this travesty of argument. Finally, when Mr. GLADSTONE argued in effect for a limitation of vaccination penalties in England on the ground of inequality of legislation, the penalties being limited in Ireland and in Scotland, we wondered whether he was prepared to oppose the special legislation with respect to certain kinds of outrage in Ireland because similar legislation had not been applied to England and Scotland. Sir J. M'KENNA justly characterised the principle of the Bill as being that "for the repetition of a grave offence there should be no redress whatever for society." Nothing could well have been better conceived than Mr. SCLATER-BOOTH'S observations on the Bill. He showed himself quite willing to consider any suggestion which might relieve any hardship (if such phrase can be reasonably applied under such circumstances) which might attach to cumulative penalties without damaging the operation of the Vaccination Laws, but he frankly confessed that no such suggestion had presented itself to his mind. He observed, however, in effect, that, seeing the discretionary powers in the hands of the guardians and the magistrates as to the initiation of prosecutions and the imposition of penalties, he saw no reason to interfere with that discretion.

Annotations.

"Ne quid nimis."

THE COMMISSIONERS IN LUNACY AND THE LORD CHANCELLOR'S VISITORS OF LUNATICS.

AMALGAMATION of the Board of Commissioners in Lunacy with that of the Lord Chancellor's Visitors of Lunatics, two totally distinct and essentially different offices, forms part of a scheme which would seem to have been partially adopted by the Select Committee on Lunacy Laws. The Report recently issued does not, indeed, contain a specific recommendation, but the proposal to unite these two authorities is stated with as much favour as any other suggestion which the Committee offer or approve. They say "it seems reasonable that all lunatics should be treated on the same system as far as admission, detention, supervision, and release are concerned." "It may be that by some amalgamation of the two departments waste of power in visiting might be obviated, and the delay and expense frequently attending the discharge of Chancery lunatics be avoided, and stricter supervision exercised over single patients who are said to require it more than others, and yet are visited only once a year by the Commissioners, and for visiting whom there is no statutory obligation." We cordially endorse the wishes of the Select Committee with respect to better, that is to say, more *personal* visiting; but the improvement desired is scarcely likely to be secured by fusing two offices so entirely different as that which is entrusted with the supervision of pauper patients and that charged with the care of lunatics under the protection of the Court of Chancery. The most practicable course would be to develop

the authority of the two boards on their existing lines, and to reduce the sum of the property qualification which places a lunatic under the special care of the Visitors of the Court of Chancery. At present the minimum is £50; why not reduce it so as to include all patients for whom a settled allowance is made? In a memorandum submitted by the Lord Chancellor's Visitors, they very properly object to the proposed amalgamation on grounds of economy and practical efficiency. They contend that the costs of the Board of Visitors are nearly, if not fully, defrayed by a percentage accruing from the estates of the Chancery lunatics, and that the service rendered is of special character. By these and other arguments the proposal to amalgamate is traversed so completely that it cannot be seriously entertained. Some of the grounds on which the Select Committee base their quasi-suggestion are as curious as unsatisfactory: for example, the plea that delay and expense attending the discharge of Chancery lunatics would be avoided. The Committee should, after their prolonged inquiry, be aware that the time and outlay incurred in the process of discharge result from the difficulty of controlling the committees of patients and arranging their property business. It will scarcely be supposed that these obstacles can be reduced by imposing new duties on the Visitors, separating them from the Masters in Lunacy, and otherwise diverting their attention from business which, as matters stand, proves almost overwhelming. Moreover, as Lord Shaftesbury has repeatedly urged, a large board would be like a Parliament—an organisation for the multiplication of words rather than for rapid action.

RELATIVE MALE AND FEMALE MORTALITY IN ENGLAND.

IT is a well-known fact that the rate of mortality among males, especially in infancy and old age, is higher than that which prevails among females. It is not, however, so generally known that, relatively speaking, the excess in the death-rate of males has during recent years been steadily increasing in England. According to Dr. Farr's English Life Table, which was based upon the mortality statistics of the seventeen years 1838–54, the annual death-rate of males in a stationary population is 26·05, while that of females does not exceed 23·90 per 1000 persons living. In a rapidly increasing population, like that of England and Wales, where the births so considerably exceed the deaths, the relative excess of the death-rate among males is far greater than in a stationary population. This is mainly due to the excessive mortality among male infants under one year. In equal numbers born, the deaths of male infants under one year of age are as 124 to 100 deaths of females at the same age. It appears from the Registrar-General's reports that, of equal numbers living, the deaths of males (at all ages) to every 100 deaths of females (of all ages), which in the five years 1846–50 were equal to 106·7, have steadily increased in each subsequent quinquenniad, and that in the five years 1871-5 the proportion was 112·7 deaths of males to 100 deaths of females. It further appears that in the last two years, 1876 and 1877, the proportion has still further increased to 114 and 115 respectively. This marked increase in the excess of the death-rate among males is important alike to the medical officer of health and to the actuary, and it becomes desirable to know whether it be due to an actual increase in the rate of mortality among males, or to a decline in the rate among females. During the ten years 1861–70 the annual death-rate among persons in England and Wales averaged 22·5 per 1000 persons living, whereas in the past seven years of the current decade 1871–7 the annual death-rate has not exceeded 21·6 per 1000. This decline of 0·9 in the annual death-rate during the past seven years signifies that nearly 150,000 persons have survived whose deaths would have been recorded had the death-rate been equal to that which prevailed in the ten preceding years, 1861–70. Expressed in a different manner, the rate of mortality of persons in the most recent seven years showed a decline of 4 per cent. from the rate in the preceding ten years. The death-rate among males in the later period showed a decline of 3 per cent., while the decline in the death-rate of females was equal to 5 per cent. It is evident, therefore, that the recent decline in the national death-rate has been more marked among the female than among the male portion of the population. This is a subject which deserves more attention at the hands of medical officers of health and of all students of public hygiene than it has at present received. It would be interesting to know something of the relative mortality among males and females in different parts of the country, and especially in those districts where large proportions of the female population are engaged in manufacture or in other industrial occupations.

CANAL BOATS.

IN accordance with the powers conferred by the "Canal Boats Act, 1877," the Local Government Board have issued their code of regulations for the better management of the boats in respect of cabin accommodation, &c. Every canal boat which is used as a dwelling will, after the 30th day of June next, be obliged to be registered, after inspection by a competent person, and the following are among the conditions which must be complied with before such registration will be granted.

The boat shall contain a clean and weatherproof cabin, which shall be, if an after-cabin, of a capacity of not less than 180, and if a fore-cabin not less than 80 cubic feet, and shall possess means of ventilation other than by the door. One cabin at least shall possess a stove and chimney. If the boat is meant for the conveyance of offensive cargo, then between the cargo and the cabin there shall be placed two bulkheads separated by a space of not less than four inches, which space shall be open to the air, and shall be furnished with a pump to insure its ready and effectual cleansing. The number of persons who may dwell in a boat is so regulated that every person over twelve shall have at least 60, and every person under twelve at least 40 cubic feet of space. A cabin occupied as a sleeping place by a husband and wife shall not be occupied by any other female person above the age of twelve or by any other male person above the age of fourteen. A cabin occupied as a sleeping place by a person of the male sex above the age of fourteen years shall not at any time be occupied as a sleeping place by a person of the female sex above the age of twelve years, unless she be the wife of the male occupant. Every canal boat is to be properly pumped out every twenty-four hours, and painted every three years. In case of serious illness occurring on board a boat, the master of the boat is required to notify the same to the sanitary authority of the district through which the boat happens to be, at the time, passing, and "in every case where a sanitary authority may have detained a canal boat for the cleansing and inspection thereof, the authority, before allowing the boat to proceed on its journey, shall obtain from the medical officer of health, or from some other legally qualified practitioner, a certificate to the effect that the boat has been duly cleansed and disinfected, and shall cause such certificate to be delivered to the master of the boat.

The fee for the registration of the boat to be five shillings, and the owner will be compelled to have the name, number, and port of origin of the boat painted upon it in conspicuous letters, together with the word "registered."

There can be no doubt that these regulations are very reasonable in their provisions, and moderate in their tone, and there should be no difficulty in complying with them. If effectually carried out they will help most materially to

improve the hygienic conditions under which our canal populations are compelled to work. We wish as much could be done for the agricultural labourer in his cottage.

EXAMINATIONS.

THE article by Canon Barry on the Good and Evil of Examination, in the current number of the *Nineteenth Century*, to which we briefly referred last week, is a sensible and sober criticism of the present bearings of the examination system. There is no small danger that the exaggerated trust placed in examinations a few years ago may be succeeded by an excessive and indiscriminate condemnation of them. Already the murmurs against all forms of examinations are both loud and numerous, and unless the good be carefully distinguished from the evil a violent hostility may at any time spring up not less disastrous in its operation than the most pernicious system of examination.

Canon Barry has very opportunely pointed out that the principle of examination and the principle of competitive prize-giving, although commonly confounded in the public mind, are by no means one and the same, and he contends that by examination, deliberately and carefully conducted, it is possible to test and to estimate not only formed knowledge on any given subject, but also intelligence, thoughtfulness, and promise of future growth. Such a task he acknowledges would be troublesome and difficult, would presuppose natural qualifications, careful study, and nice discrimination on the part of the examiner with unlimited time at his disposal. But, short of this, a rational system of examinations may be made an important instrument of education, and in a minor degree a test of excellence.

Most writers on education, Canon Barry among them, are agreed that in order to make examinations thoroughly useful as an educational agency, they ought to be carefully correlated with systematic teaching, and that for this purpose it is, on the whole, best that they should be conducted by those who actually teach, and more rarely by independent persons. In each case the examination ought to have regard to the actual teaching, either as simply gathering up the results, or as supplementing these results by fresh suggestions. Besides this, examinations, if wisely organised by any superior authority, may acquire a valuable directive influence, guiding both teacher and learner in certain directions which observation, reflection, and experience may have shown to be most suitable for the attainment of the objects of true education. Method, precision, regularity, earnestness, and industry may thereby be encouraged both in teacher and in pupil, if not actually enforced. Under existing circumstances one of the great disadvantages of the interference of independent bodies in the work of education is the excessive multiplication of examinations and of the physical, mental, and moral evils of competition. "It is a poor compensation," says Canon Barry, "for injuring life and growth that we have improved to the utmost our tests of vitality," by constantly plucking up the young plant of knowledge to see how it grows.

All the foregoing observations apply in an especial manner to the medical student. In no other calling in life have the aspirants to pass through so many ordeals. From first to last examinations are everything. Although the number of examinations that a student who wishes to take a respectable standing in this profession must pass is already excessive, the General Medical Council at the last annual meeting approved the principle of adding another examination in anatomy, to be held at the termination of the first winter session. Happily, there is a counteracting influence to this blind credulity in the virtue of examination in the attempts that are being made to secure a one-portal scheme of examination. Not the least benefit that may be expected to accrue from the adoption of such a scheme would be that the student, being less hampered by examinational requirements, would have more time and opportunity for the cultivation of his judgment and his powers of observation. It may, on the other hand, be true that a one-portal system would necessitate a considerable narrowing of the scope and extent of the examination and a lowering of the test, but if this were made a pretext for insisting on thoroughness, neither the profession nor the public would be losers.

THE LONDON SMALL-POX EPIDEMIC.

SMALL-POX has now been fatally prevalent in London since the autumn of 1876, and the epidemic shows no sign of decline. The deaths referred to this disease within the metropolis, which had been but 56 and 75 in 1874 and 1875, rose to 735 in 1876, and were 2544 during last year. During the first quarter of this year 556 more fatal cases were registered in London, whereas in nineteen of the largest provincial towns only 3 deaths from this disease were recorded in the thirteen weeks. In the week ending the 6th inst., the deaths from small-pox in London were 55, against 42 and 48 in the two preceding weeks; 35 being recorded in the Metropolitan Asylum Hospitals, and 20 in private dwelling-houses. The small-pox patients in the Metropolitan Asylum Hospitals, which had been 642 and 682 at the end of the two previous weeks, were again 682 on Saturday last; 160 new cases were admitted during the week, against 119, 134, and 209 in the three previous weeks. In view of the generally increasing prevalence of small-pox in the metropolis, the Managers of the Asylum District decided at their last meeting to reopen the hospital at Deptford for the treatment of small-pox cases.

It appears from the weekly returns issued by the Metropolitan Asylums Board, that 1870 cases of small-pox were admitted to their hospitals during the thirteen weeks ending March 30th, and that 1497 completed cases were recorded during the same period, among which the mortality was equal to 22·4 per cent. The proportional mortality among the 7242 completed cases of small-pox recorded in these hospitals during 1877 did not exceed 17·2 per cent. The higher recent rate of mortality is probably partly due to the increasing number of admissions during the past quarter.

ENTERIC FEVER IN KENSINGTON.

A LOCALISED outbreak of enteric fever occurred in Kensington in December and January last which has been made the subject of a very interesting report by the medical officer of health. The cases which came to the knowledge of Dr. Dudfield numbered thirty, all, with the exception of two, lying within the area of a particular sewer. But the relations of the cases to each other did not suggest that the bond of connexion was through the sewer, and of sixteen cases the bond, on the first aspect, appeared to be the milk used, all the families obtaining their milk from the same dairy. The suspicion as to the milk was subjected to a minute inquiry, with the result of showing, as we think, that there was no reasonable likelihood of this article of food having been infected. Notwithstanding the limitation of the greater number of cases to one branch and the subordinate branches of the Kensington system of sewers, no clue was obtained to the connexion of the several cases in this direction. A careful examination of the houses in which the disease occurred brought to light in each instance various defects of drainage, or water-supply, or both; but it could not be assumed that such defects were peculiar to these houses, and the connecting link was still wanting. Hitherto, Dr. Dudfield has not detected this link, and none of the ascertained modes in which groups of cases of enteric fever are apt to occur has sufficed to explain this outbreak. But

the report is curiously instructive as to the sort of drainage defects common in London houses, the occupiers of which are presumed to be able to take care of themselves without the help of the local authority—the absence of which defects would, we do not doubt, have saved the families from the incidence of the disease. We read of unventilated and choked drains, waste-pipe of cistern for general water-supply opening into soil-pipe (this is a common arrangement apparently), watercloset ventilating in bedroom, unventilated drains and soil-pipes, &c. Yet the metropolitan local authorities rather pride themselves on working without bye-laws as to buildings, and ratepayers approve of this pride, sacrificing their lives and the lives of their dependants, as it would seem, to this anomalous sense of local dignity!

THE TREATMENT OF LACERATED WOUNDS OF THE HAND.

ALL surgeons recognise the importance of making every effort to save as much as possible of injured hands, and insist upon not too soon, or too readily, condemning torn and bruised parts. It is well known that the vitality of the hand is such that parts almost entirely separated, or badly bruised, and, to all appearances, dead, will recover and reunite to the neighbouring parts. Nothing should ever be sacrificed in order to make a shapely stump, or to enable the surgeon to perform one of the regular amputations, but everything possible should be saved, for it is surprising how useful even the most mutilated hands are, and how superior to the substitutes provided by the instrument-makers. M. Verneuil carries this conservatism to an extreme limit when he urges that the knife should never be used primarily in lacerated wounds of the hands, but that the surgeon should content himself with controlling hæmorrhage, removing foreign bodies, bringing the parts together as well as he can, and then waiting to see what nature will do. Afterwards, when all the primary inflammation has subsided, and the dead parts have sloughed, the surgeon may interfere to "patch up" the part. In support of this line of practice he urges the reasons given above, and also states that, after primary operations, inflammation of the part, with suppuration and sloughing, sometimes extending from the hand up the forearm, is liable to occur, while it is rarely, if ever, met with after the later operations.

INFANT MORTALITY IN MACCLESFIELD.

THE excessive rate of infant mortality in Macclesfield during 1876 recently attracted more than local attention, and in August last was the subject o a special investigation carried out by a committee of the Town Council of that borough. It is satisfactory to learn from the report of the medical officer of health for 1877, recently presented to the Town Council, that the rate of infant mortality in the borough during last year showed a very remarkable decline. The deaths of infants under one year of age in Macclesfield last year were equal, it is reported, to but 11 per cent. of the births registered, whereas the proportion in England and Wales during the year averaged 13·6 per cent. In twenty of the largest English towns infant mortality, measured in this manner, averaged 15·4 per cent., and ranged from 13·3 and 14·3 in Portsmouth and Sunderland, to 18·8 and 18·9 per cent. in Liverpool and Leicester. Compared, therefore, either with the average English rate, or with the rate in the large English towns, infant mortality was remarkably low in Macclesfield in 1877. Infant mortality was generally below the average in England and Wales last year, owing mainly to the moderate summer temperature, which caused the fatality of diarrhœa to be exceptionally small. The remarkably small percentage of infant mortality in Macclesfield, however, is a legitimate subject for congratulation on the part of the Town Council, as the urban sanitary authority for the borough. We venture, however, entirely to disagree with the Mayor (Mr. Alderman White), who at the recent meeting of the Town Council, in the course of some remarks on the subject, stigmatised as rash and reckless the charges of excessive infant mortality recently made against Macclesfield. The Mayor is reported to have further asserted that these charges were merely based on the returns for one year. What are the facts of the case? Deaths under one year of age in Macclesfield during the five years 1872–6 averaged 19 per cent. of the births registered, and ranged from 17·5 per cent., in 1875, to 20·3 per cent., in 1876. The rate of infant mortality in 1877 was therefore but little more than half the average rate in the five preceding years. The excessive infant mortality in the five years 1872–6 was as remarkable as was the decline in 1877. We think the Town Council does itself injustice if it takes no credit for its labours in the special investigation of the causes of the late excessive rate of infant mortality in Macclesfield. It is impossible to estimate the exact effect of such investigations, but their utility is beyond question.

A LOCAL "BRAVO CASE."

AN unfortunate occurrence at Derby serves to demonstrate the necessity of scrupulous care in dealing with cases of suspected poisoning. A lady had been ill for some months, her prominent symptoms being a steady emaciation and persistent vomiting, for which the medical man in attendance failed to account to his own satisfaction. A second medical man was called in, and they both agreed that there were sufficient grounds for the suspicion at least of poisoning. Some of the vomit was then submitted, in an informal way and without any warning of the gravity of the circumstances, to a local analyst, and this gentleman stated that he had detected antimony in the matter examined by him. A third medical man was then called in, and this gentleman, after an independent examination of the patient, considered that the symptoms might be accounted for by cancer, and to this diagnosis he adhered in spite of the opinion of the analyst. The nature of the suspicions which had gathered round the case leaked out, and the dying woman was questioned on the subject, and stated that she suspected nobody, and had not taken any poison herself. Some of the vomited matter was forwarded to Dr. Stevenson, of Guy's, who failed to find any trace of antimony. The patient died, and a post-mortem revealed extensive cancer of the omentum and intestines; and, lastly, the analyst has written to the local press to say that the antimony which he had detected was discovered too late to have been present in the reagents used. Thus the case has been cleared up, and no suspicion attaches to anybody. We can hardly blame anyone for his share in the matter; for the case was one in which a suspicion of poison might very justly have been allowed, and had the analyst been duly informed of the gravity of the circumstances, he would probably have been more careful in selecting his reagents, or would have declined altogether to undertake the task.

DUBLIN HOSPITALS REPORTS.

THE nineteenth report of the Board of Superintendence of the Dublin Hospitals refers to nine institutions which receive public grants, and include three general hospitals and six others of a special character. During the year, the total number of patients treated amounted to 10,815, of whom 410 died, equal to a mortality of 4·2 per cent. Fifty-seven cases of delirium tremens were admitted, and the Board regret that, except in a few instances, no special or necessary accommodation was obtainable for this class of patients, and suggest the erection of a suitable apartment in each hospital for the reception of these cases, where they can be properly protected from injuring

themselves, and where the possibility of their disturbing other patients would be avoided. In the Westmoreland Lock Hospital the labour of the patients is utilised, but we regret to see so large a percentage of the admissions occurring at and under the age of seventeen. In reference to the Rotundo and the Coombe Lying-in Hospitals the report recommends, for the greater safety of the patients, that a system of perfect disinfection should be established, not only for every part of the bedding upon which infectious cases lie, but also for the nurses' clothing. Strict regulations, it is added, should also be made for the prevention of labour cases being conducted by medical students fresh from attending dissections, autopsies, or hospitals for the reception of infectious diseases. Altogether, the report is a fairly satisfactory one.

HARVEY TERCENTENARY MEMORIAL FUND.

THE three hundredth anniversary of the birth of Harvey was celebrated on the 1st inst. at Folkestone, by a public meeting in the Town-hall, at which Canon R. C. Jenkins delivered a lecture on "Harvey, and his claims as a discoverer." The physiological portion of the subject was explained by Dr. Thomas Eastes, with the aid of diagrams. Votes of thanks to the lecturer, and to the Mayor for presiding, were afterwards proposed by Mr. W. Bateman and Dr. R. L. Bowles, and an addition of more than £30 to the Harvey Memorial Fund was made by the audience. Several branches of the British Medical Association have contributed, and the councils of some of the principal metropolitan medical societies have recommended their societies to subscribe liberal amounts. At the meeting of Fellows of the College of Physicians on Monday next it will be proposed by the Senior Censor that the College, recognising how much it is indebted to Harvey, should subscribe one hundred guineas to the Memorial Fund. Exclusive of these sums, the contributions now amount to £1150. We are requested to ask the members of the medical profession, who have not hitherto subscribed, to kindly send their donations at once to either of the hon. treasurers (Sir George Burrows, Bart., or Mr. Prescott Hewett), or to either of the hon. secretaries (Mr. George Eastes, M.B., 69, Connaught-street, Hyde-park-square, London, W.; or Mr. W. G. S. Harrison, B.A., town clerk, Folkestone), or to pay them into the account of the Harvey Tercentenary Memorial Fund, at the Western Branch of the Bank of England, Burlington-gardens, London, W.

THE TREATMENT OF ASTHMA.

IN a recent communication to the Académie de Médecine, M. Germain Sée has strongly advocated the employment of two compounds of iodine in the treatment of asthma, iodide of potassium and iodide of ethyl. The former he had tried on twenty-four patients at different ages, and in every case but one he obtained remarkable results, although in several cases the varieties of asthma were different. Some hours after the administration of the drug there was a notable diminution in the symptoms of dyspnœa and oppression. The severe attacks were, in most cases, arrested at the end of twenty-four or forty-eight hours, and by the continued employment of the drug the severity of the disease was greatly lessened. By administering it some hours before an expected seizure the regular attack would be prevented, and by giving it during an attack its intensity was much lessened. The dose with which M. Sée commences is a scruple a day, with or without a little opium, and is generally increased to half a drachm or two scruples a day, the doses being given at meal times, so as not to irritate the stomach. He maintains that iodism, when it occurs, is produced as much by small as by large doses of the drug, and he corroborates the statement of M. Gosselin, that commencing iodism may often be arrested by doubling the dose. Occasionally he combines with this treatment the administration of fifteen or thirty grammes of chloral at night to promote sleep. The first action of the iodide is to increase the secretions of the respiratory tract, the dryness of which intensifies very much the distress during the seizure. The sibilant râles which mark the onset of the attack disappear, the dyspnœal distress is lessened, and breathing is rendered, in a few hours, far more free; orthopnœa yields to normal respiration, recent emphysema disappears, and the increased resonance becomes normal. Whether the asthma be nervous or catarrhal, the effect is the same, and hence he supposes that the iodide may act directly upon the nervous system. The remedy can hardly, however, be regarded as a cure, since, in order to maintain the good effect, it is necessary to continue its administration for months, or even years, or the attacks will recur. The use of iodide of potassium in asthma is not so new as Dr. Sée supposes. It is an old American remedy, was used by Trousseau, and was recommended by Dr. C. J. B. Williams some years ago. An actual attack of asthma may, M. Germain Sée states, be at once arrested by the administration of five to ten drops of iodide of ethyl. The relief is so immediate and so complete that the patients beg for more of the remedy. Iodide of ethyl is a compound of iodine and ether. The latter has long been employed in the treatment of the asthmatic attack. We doubt whether iodide of ethyl will be found so potent or uniformly successful as the nitrate of amyl, which, employed for this purpose by the late Dr. Anstie, is certainly a remedy of the greatest value.

MEASLES IN THE MANCHESTER WORKHOUSE AT CRUMPSALL.

THE frequent epidemics of measles that have occurred during the past thirteen years in the Manchester Workhouse at Crumpsall seem to call imperatively for an investigation of the causes which produce such constant prevalence and fatality of the disease in this institution. The Registrar-General, in his Weekly Return, has recently called attention to the facts that during last year no less than 42 fatal cases of measles were registered in this workhouse, and that in the first fourteen weeks of this year, ending 6th inst., 16 more have there been recorded. It would be interesting to know the number of cases that have occurred in this workhouse out of which these 58 deaths have resulted since the beginning of 1877, and also the average number of inmates among whom the necessarily large number of cases have taken place. The reports of the Local Government Board do not afford the means for calculating the rate of mortality in our workhouse establishments; if they did, the public might be startled at some of the results. The rates of mortality in our pauper schools and in the imbecile wards of our workhouses should be known instead of unknown quantities, in order that they might be compared with the rates prevailing in other institutions receiving similar classes of inmates.

RAIN-WATER.

THE old-fashioned practice of storing rain-water for washing purposes has dropped out of fashion. Would it not be possible to revive it in a form less disagreeable than that associated with the tall "water-butt"? Some, if not many, of the difficulties which beset the disposal of sewage are due to the delivery of what is technically known as "storm-water" into the drains. The value of rain-water for domestic use is well understood, and the water-companies, if not the housekeepers, should have a direct interest in its supply. We question whether, taking the annual cost of water-supply, it would not be worth while to devise and provide a system of thoroughly sanitary apparatus for the collection and use of rain-water, of course carefully

avoiding the evils of stagnant water and the risk of use for improper purposes. Tanks on the roofs of houses would not only be out of the reach of pollution, but useful in case of fire; and by connecting a large series of these receptacles, which our streets would render practicable, a considerable and distributed supply might be secured.

TESTIMONIAL TO JOHN SIMON, C.B., F.R.S.

ON Saturday last the subscribers to the testimonial of a bust in marble to John Simon, Esq., C.B., F.R.S. (late medical officer to the Privy Council), in recognition of his eminent services in sanitary science, met at the rooms of the Social Science Association for the purpose of a private view of the bust, which has been executed by Mr. Thomas Woolton, R.A., and is for presentation to the Royal College of Surgeons. Sir James Paget, Bart., F.R.S., occupied the chair, and spoke in eulogistic terms of the high character and reputation of Mr. Simon, and the great personal esteem in which he was held by the medical profession generally. Sir William Gull, F.R.S., moved the adoption of the report of the General Committee, which thanked the donors for their contributions, and stated that the required amount had been subscribed. The thanks of the meeting were voted to the General and Executive Committees, to Dr. Farr, F.R.S., as treasurer, and to Mr. Haviland, as secretary, for their services. Among those present were Dr. Farr, F.R.S., Dr. Russell Reynolds, F.R.S., Dr. Owen Rees, F.R.S., Dr. George Johnson, F.R.S., Mr. T. B. Curling, F.R.S., Mr. John Wood, F.R.S., Dr. Waller Lewis, Dr. Hardwicke, Dr. Iliff, Mr. Haviland, Mr. John Gay, Mr. Farmer, Mr. Jacob, &c.

THE OPHTHALMIC SURGEONCY AT ST. THOMAS'S HOSPITAL.

THE contest for the important post of Ophthalmic Surgeon at St. Thomas's Hospital is likely to be a severe one. There are several candidates, but the chief are, we believe, Mr. Nettleship, Mr. Morton, and Mr. MacHardy. Although the appointments at St. Thomas's rest virtually with the governors, we are gratified to learn that these gentlemen have recently shown an increasing disposition to consult the opinions and desires of the members of the medical and surgical staffs respecting the candidates for the higher posts. If this be so, there can be little doubt that the appointment will be given to Mr. Nettleship, who, besides enjoying the undivided sympathy of the medical and surgical officers of the hospital, is the only candidate who holds the necessary qualification of Fellowship of the Royal College of Surgeons. The rumour that attempts are being made to excite the prejudices of some of the governors, by representing the unanimous favour of the staff in behalf of Mr. Nettleship as an encroachment on their prerogative, is, we would fain believe, wholly unfounded.

THE CONTAGION OF TYPHUS.

THE outbreak of typhus in Aberdeen seems now to have come to an end. Of the girls in the Industrial School where it occurred, about forty have been attacked, and five have died—a high mortality, seeing that they were all young, their ages ranging from five to fifteen. In connexion with this an important occurrence took place, which led to serious consequences. One of the girls, taking advantage of the confusion into which all the arrangements had fallen, ran away, and took refuge with her parents. Ignorant or careless of results, they kept her without allowing her whereabouts to be known, the result being that the girl herself died. Her father caught the disease from her, and died also; her mother likewise caught the same disease, and, being a nurse in the poor-house, introduced it there, six of the inmates being nearly simultaneously attacked, of whom two have since died. No new cases, however, have occurred for a week. Two additional cases of small-pox have occurred under the same circumstances as before—viz., among the workers in the rag department of the paper works.

FORCIBLE EXTENSION OF NERVES IN THE TREATMENT OF NERVOUS AFFECTIONS.

M. A. BLUM, in a memoir on this subject, states:—(1) That forcible extension is indicated in neuralgiæ that resist therapeutic measures, and are clearly confined to the nervous system. (2) It ought to be resorted to at an early period when the adjoining nerves appear to be attacked. (3) Neuralgiæ of traumatic origin are particularly amenable to this method of treatment, especially when it is probable that cicatricial adhesions have taken place between the nerve and adjoining parts. (4) In neuralgiæ affecting stumps the extension should always be practised at some distance from the cicatrix of the amputation.

In speaking of the application of this method of treatment in convulsive affections arising from injury—as contraction, tetanus, and epilepsy,—M. Blum considers that it should always be adopted in preference to neurotomy when the spasms appear to have their point of departure in a recent wound or cicatrix; also when there is pain in the site of the wound; and, above all, when the local phenomena tend to generalise themselves. In some instances, he thinks, though the precise conditions have not as yet been laid down, extension of the nerves may prove of signal advantage in paralysis of sensibility as well as of motion.

THE ROYAL INFIRMARY FOR CHILDREN AND WOMEN.

THE report for the year 1877, the sixty-first year of the existence of this charity, has just been issued, and shows that the activity of the institution is steadily on the increase. In 1877 there were relieved 398 in-patients and 6991 out-patients, whose total attendances amounted to 24,153. During the same period 968 children were visited at their own homes. Turning to the balance-sheet, we find that the total ordinary income for the year was £2896 6*s.* 10*d.*, of which the chief items are £1340 in annual subscriptions, £827 11*s.* in donations, and £150 19*s.* 11*d.* contributed by the patients themselves. The ordinary expenditure amounted to £2868 7*s.* 10*d.*, so that in spite of the bad times the committee have managed to pay their way, and closed the year with a balance of some £28 to the good. The cost per bed is reckoned at a little more than £40.

FREE LIBRARIES IN THE METROPOLIS.

IN common, we suppose, with the whole press of London, we are in favour of the establishment of free libraries, and feel shame that in this matter the metropolis is far behind provincial towns. We notice with much satisfaction that the vestry of Hackney has resolved, by a majority of thirty-eight to thirteen, to take the opinion of the inhabitants on the subject. We shall be among the first to congratulate the inhabitants of Hackney if they resolve to have a free public library. It is strange that parishes should be able to support hundreds of public-houses, but not one public library. As a principal counteracting agency to public-houses, as an inestimable and indispensable institution in an enlightened community, the movement at Hackney has our earnest and hearty sympathy.

THE PATHOLOGICAL SOCIETY.

AT the meeting of this Society on Tuesday next the subject of Diseases of the Lymphatic System will again occupy attention. Many miscellaneous specimens will be exhibited, and it is to be hoped that further discussion will take place on the subject.

TYPHUS IN THE CAUCASUS.

THE Tiflis correspondent of the Russian *Medical Gazette* gives the following additional list of medical men who have died from typhus in Caucasia: MM. Goulonbenko, Favorsky, Goldenberg, Karnaoukhow, Trounew, Soukhotsky, Mojeïko, Wallenstein, Sokolow, Ivaschkievitch, Moschinsky, Solini, and Vassiliew. This list, with the preceding list quoted in THE LANCET, makes a total of twenty-seven medical men who have fallen victims to typhus in Caucasia.

THE GROCER'S LICENCE.

IT must not be imagined that the movement, in which we have taken a prominent part, against the Grocer's Licence as an incentive to secret-drinking, languishes. We are at this moment organising a method by which it is hoped the evidence in favour of reform will be placed on a new footing, within the cognisance of the Select Committee of the House of Lords, and of the Legislature.

AN explanation of the ill-effects induced occasionally by salicylic acid probably lies in the difference between the natural acid and the product produced artificially. It is a fair assumption that the latter is not always devoid of carbolic acid, which would account for many of the distressing gastric and head symptoms that have been observed in patients who had been taking the drug for some time. A "Note on Salicylic Acid," read by Mr. J. Williams, F.C.S., at a recent meeting of the Pharmaceutical Society, and published in the journal of the Society last week, is worthy the attention of the profession. Mr. Williams' experiments have convinced him that the artificial acid as supplied in commerce is really made up of two bodies having very different properties.

DR. WILLIAM KEBBELL'S report, concerning the sanitary condition of Hove in 1877, is an interesting illustration of the difficulties which a medical officer of health has to contend with in estimating the state of healthiness of his district when that district chances to be a popular watering-place. At the same time the report is instructive as showing how those difficulties may be overcome, and the data incidental to casual visitors be separated from the data proper to the permanent population. The death-rate for 1877 in Hove, estimated on the mean of the full and empty seasons for the year (18,000), was 10·8 per 1000; exclusive of the deaths among visitors it was 8·5. Of the zymotic affections, but one death was recorded from scarlet fever, four from diarrhœa, and two from whooping-cough.

THE number of deaths registered in London last week exhibited an increase on that of the preceding week, being at the annual rate of 27·4 per 1000. This increase was to a great extent owing to the large fatality of diseases of the respiratory organs, to which 474 deaths were attributed. Whooping-cough numbered 146 victims, small-pox 55, measles 30, scarlet fever 42, diphtheria 8, different forms of fever 29, and diarrhœa 9. Different forms of violence caused 39 deaths.

MR. AUGUSTUS SALA, the accomplished *litterateur*, bears warm testimony, in the *Illustrated London News*, to the liberality of the medical profession. He says:—"All the stingy people in London seem to have come to the front for the purpose of abusing the doctors because they do not always give dates and items in the accounts which they furnish to their patients, but make instead a certain charge for 'medical attendance.' I own myself that I am somewhat prejudiced in the matter. I have had in my day a great deal to do with doctors, and I have found them, as a rule, the noblest, the most humane, and the most charitable of mankind..... It strikes me very forcibly that, so far from being 'fleeced' by the general practitioner, we are often apt (unconsciously, of course) to fleece him by cruelly deferring the payment of his bill. Why should we make him wait six months or a year for his due? He has his rent and taxes and his butcher and baker to pay, as we have, and very frequently his carriage to keep. Is he to eat lint and stethoscopes, or sustain nature by the hypodermic injection of morphia or the external exhibition of collodion? We should pay our doctors promptly, and then we should know what they are charging us for."

THE thirteenth annual report of the Glamorgan County Lunatic Asylum has reached us. It presents no special feature of interest, save perhaps the large proportion of suicidal cases admitted into the institution during the past year, as represented in the Medical Superintendent's report. The Lunacy Commissioners speak in terms of commendation of the general condition of the asylum.

WE learn from the report of Dr. Williamson, the medical officer of health for the Godshill sanitary district, Isle of Wight, that the mortality of this district (excluding deaths in the Royal National Hospital for Consumption, which lies within it) during the last six months of 1877 did not exceed an annual rate of 13·3 per 1000 living.

SCARLET FEVER has been imported into Wimbledon. At a private school in the locality twenty-two boys have been attacked with the disease. So far, one fatality only has been recorded.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1878.

WEDNESDAY, APRIL 10TH.

THE annual meeting of the General Medical Council commenced on Wednesday last, under the presidency of Dr. Acland.

The first business was the introduction of new members—namely, Dr. Andrew Fergus, Crown nominee for Scotland, in place of Professor Lister; Dr. James Bell Pettigrew, University of Glasgow and St. Andrews, in place of Dr. Allen Thomson; and Dr. Robert Scott Orr, Faculty of Physicians and Surgeons, in the place of Dr. Fleming.

The PRESIDENT then delivered his address. Having stated the object of the early assembling of the Council—to continue, and if possible conclude, its deliberations on the amendment of the Medical Acts—he referred to the steps that had been taken to make the Register more accurate; to the efforts made to elaborate the scheme for the Conjoint Examining Board; and to the communications that had been held with the Lord President with reference to the Government Bill. He then proceeded:—Having decided, then, to consider all outstanding questions known to affect the profession of medicine, and through it the public at large, the Lord President could hardly have left untouched the subject of examinations, which was handled in a complete and masterly way in the Bill so well known as Lord Ripon's Bill. Though the Council had not last year pressed on the Lord President's notice the subject of diminishing the number of ways by which the licences could be obtained, he knew well the anxious thought which the Council had long and often bestowed upon it; he was acquainted with the resolutions which the Council had passed with regard to Lord Ripon's Bill; and fully estimated

the importance to the public of one uniform and satisfactory test of qualification for entry to the Medical Register, in each branch of the United Kingdom. The Lord President could not, therefore, but entertain the question. If a Bill was brought in, either without Lord Ripon's clauses relating to examinations or without some modification of them, it was clear that it would have to be argued in Parliament that the existing arrangements need no alteration. Could this argument be maintained? Is the Medical Council fully agreed upon it? It is often said that the whole profession considered, when Lord Ripon's Bill was brought before Parliament, that the mode of conducting examinations by the examining bodies was the subject that most urgently called for Parliamentary revision. It is not, however, necessary now to revert to the circumstances which led to the withdrawal of the Bill. But in this the Council will assuredly be unanimous, that it is in the interest of all persons concerned—in the interests of the public, of the Council, of medical teachers, and of students—no longer to delay a final settlement of the principles on which examinations shall be conducted in England, in Scotland, and in Ireland. Some evils have disappeared; some new difficulties have perhaps arisen. Education, examination—nay, even knowledge itself—have greatly altered within the last twenty years. Those who have attended the more than fifty conferences which have taken place in England, in the belief that they were discharging a great public duty, may fairly ask to be released if their labours be not shown to be material for the public interest, or if the apparent benefit in one division of the kingdom should be productive of other and unknown evils through any other division of the kingdom. It is clear that the matter cannot be decided without frank and full discussion both in this Council and in Parliament. The discussion here will be dispassionate, and based upon correct estimate of the present and of the past state of the several licensing bodies, and of the popular sentiment. That sentiment is certainly in favour of making it impossible that nineteen separate examining and licensing boards with their varied qualities should coexist. The public are convinced that there are dangers in the continuance of so many modes of entering the profession, and think the system of inspection offers only a cumbrous and fitful check to constant danger. There are not wanting signs that some, both within and without the medical profession, would prefer State-appointed examiners, or an examining board appointed by this Council, not only to the present system of many examining boards, with permissive power to combine, but would even prefer State-appointed examiners to persons appointed by the present universities and corporations in combination. It is well known that the framers of the Act of 1858 expected the permissive principle of combination, under Section 19 of the Act, to be more largely adopted than it has been. It would ill become me to use any arguments on one side or the other, inasmuch as my function is almost limited to collecting facts for your consideration. Yet I cannot but observe in this relation that it will be a grave misfortune for our generation if it be forced to the conclusion that our ancient medical institutions, hitherto self-administered, must abdicate their functions of guiding the education of our youth. And that is the risk that is run. One government might give to this Medical Council a task which the corporations decline to execute'—namely, the making the National Examination Boards. Another Government might assign it, not to this Council, but to a single person, who, however able, might not possess the combined judgment of the many and eminent minds brought together of necessity by a representative board. The Lord President, as the Council is aware, has not at present elected to make the formation of a single board compulsory for each branch of the United Kingdom. It is not too much for me to say that, as his Grace hoped for discussion and for the freest expression of opinion from all who are entitled to be heard, and having referred the Bill to this Council, the question for us to consider is whether union is expedient or requisite. The form in which the proposition is put is not perhaps of much moment for the issue. But it cannot be less acceptable to the various authorities to ask the Government, after discussion, to grant more extended power for good, than to have had to protest against unnecessary interference and uncalled for dictation for which the Council had not applied. I cannot help noticing, with regard to those who in 1858 first undertook the working of the Medical Act, with all its conflicting interests, that while, during the twenty years that the Act has been in operation, in Ireland one licensing body alone has changed its representative, Scotland sends only one of its original members, England sends but two such members, and not a single original nominee of the Crown remains in the Council. It cannot be amiss, therefore, to take the sense of the existing Council in the most unfettered way on the state of the medical examinations in the country, in order that it may fairly face the work of the future. It would waste the time of the Council if the details of the Bill that has been in the hands of all the members between two and three weeks were even enumerated. The aim of the Bill is, without doubt, to supply all the known deficiencies of the Medical Acts, and, if possible, to adjust the machinery of this Council so that it may not be distracted from its strict work, the regulation of the medical education and the watchful care of a great profession, in the public interest. The principal objects of the Bill (I quote from the Lord President's speech) "are, first, to require a person registered in the Medical Register to have both a medical and a surgical qualification; second, to allow the registration of foreign and colonial practitioners; third, to further restrict the assumption by unqualified persons of designations implying qualifications; fourth, to make further provision for the uniformity of the standard in the grant of qualification in the United Kingdom; fifth, to make provision for women similar to that intended to be made by 39 and 40 Vic., cap. 41, commonly called Mr. Russell Oourney's Act; sixth, to make provision for the examination and registration of dentists; seventh, to make provision for the examination and registration of midwives; eighth, to make amendments in the Medical Act of 1858 as regards the Register, erasures from the Register, the certificates of medical practitioners under the Lunacy Acts, the qualification of medical officers in colonial ships, and other minor matters." It was truly added by the Lord President, that this measure "deals with a subject of great importance, but one of great complexity, and which, when legislation is proposed in respect of it, requires great consideration in numerous details. The subject is one for which there should be no hasty legislation, and I should hope that by the time the Bill comes on for a second reading, we shall have the benefit of being in possession of the views of all persons in the country who may be interested in its details, and who are competent to give advice on the matter. I hope I need not add that we shall be most ready to give an attentive consideration to all suggestions which may be offered with the object of securing a good and useful measure, and one which will be satisfactory both to the medical profession and the public at large." Before quitting the consideration of this part of the work of the session, I beg you to excuse me if I seem in any improper way, or indeed in any sense, to be the interpreter of a measure to which the Government has given much thought, which is full of delicate and difficult questions, and which deals with great institutions and important persons. I need not say that I have no functions in the matter except, first, to carry out as far as I can your desires, and, secondly, in your absence to act to the best of my judgment on your behalf. The grave anxiety of the Eastern Question has made it difficult to arrange the times and the mode for the introduction and the readings of the Bill in the way best calculated to carry a Bill this session, and to suit the time and convenience of the Medical Council. But that way has been sought—I trust, attained. Let us hope that we may come to unanimous conclusions as to the changes which may be required in the Bill, and then that it may this session become an Act with good effect. This done, might we not hope for the consolidation of all the Medical Acts, with further power if necessary? Thus would be ended the first twenty years of combined effort towards harmonising the work of the time-honoured institutions which have nurtured in Great Britain the science and practice of medicine. Thus would the Council go forward unfettered to accomplish further work, in aid of the great demands made, in many ways, upon a profession whose aim is so to pierce the secret of all life, that it may strengthen individual and national health, relieve all physical suffering, diminish much social evil, and soothe or avert the inevitable end.

After the appointment of the Business and Finance Committees,

Mr. TEALE asked the President what was likely to be the general course of business at this meeting.

The PRESIDENT said the Executive Committee had prepared a programme, but of course it rested entirely with the

Council to approve of or make alterations in that programme. There was no business sufficiently urgent to detain the Council for more than a day after they had arrived at a decision with regard to the Lord President's Amendment Bill. The Lord President was very desirous to bring forward his Bill at the commencement of the present session of Parliament, but the discussions on the Eastern question rendered that impracticable. The second reading was fixed for Monday next, and any conclusions which the Council wished to lay before the Lord President must be arrived at by Saturday afternoon.

A communication from the College of Surgeons of England was read on the subject of the Medical Act Amendment Bill. After referring to some of its clauses, the memorandum continued: "The President and Vice-Presidents have to submit to the Council that, in their opinion, the Bill does not offer any such promise of public advantage as to claim that the College should on that account make any considerable surrender of independence; and they must even observe that, in their opinion, the reforms which are most wanted in the licensing system of the United Kingdom would perhaps be rather impeded than promoted by the passing of the Bill. For the Bill, if it became law, could hardly fail to be deemed an expression of indifference on the part of the Legislature to that which the largest and weightiest consent of skilled authority has long recognised to be the chief evil of the present system—the evil of nineteen uncombined and (in principle) competing examining boards in the three divisions of the United Kingdom, with the privilege allowed to each separate authority to grant registrable titles which shall be valid throughout the British Empire." It also contained suggestions with regard to various clauses, and particularly expressed the regret of the Council of the Royal College of Surgeons that the Bill did not contain any provision for enforcing joint examinations in each division of the United Kingdom.

A memorandum of the Royal College of Physicians on the Government Bill was then read. It expressed the extreme regret and disappointment of the College that the Bill failed to provide for the compulsory establishment of conjoint examining boards for each division of the kingdom; and it stated that by Clause 3 the College was virtually disfranchised. The College failed to see the object of Clause 8, and it stated its objections to Clauses 9, 14, and 17.

Sir WM. GULL inquired, pursuant to notice, what progress had been made in the matter of a conjoint scheme for a common examination in Scotland and Ireland. He said there was not now much significance in the question, seeing that no scheme for conjoint examination was in operation in England.

The PRESIDENT said that no communication had been made to the Council on the subject.

Professor TURNER said that a scheme of conjoint examination was in operation in Scotland. In 1859 the Council approved of a union between the Colleges of Physicians and Surgeons, Edinburgh, and also of a union between the Royal College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, and those examinations had been in operation ever since.

Dr. HUMPHRY then proposed the following motion, of which he had given notice:—"In 1870 this Council passed the following resolution, by a large majority, and after much deliberation: 'That this Council is of opinion that a Joint Examination Board should be formed in each of the three divisions of the kingdom, and that every person who desires to be registered under any of the qualifications recognised in Schedule A to the Medical Act shall be required, previously to such registration, to appear before one of these boards and be examined in all the subjects which may be deemed advisable by the Medical Council; the rights and privileges of the universities and corporations being in all other respects the same as at present.' The Council has subsequently sanctioned a scheme for an examining board for England made in conformity with that resolution. The Council adheres to the principle of that resolution, and is of opinion that no medical legislation relating to examinations will be satisfactory which does not provide for the formation of an examining board in each of the three divisions of the kingdom, and direct that every person who desires to be registered under the Medical Act shall be required to appear before one of these boards and be examined in the subjects which may be deemed necessary by the Medical Council." He said he had no sooner read the present Medical Amendment Bill than he perceived that there was in it no provision to carry out the principle of the necessity for conjoint examining boards. He felt that the first and paramount duty of the Council was to give a definite and decided opinion upon that point, and therefore he had given notice of the present motion. The Council originated the principle, and endeavoured to carry it into action, encouraged the medical bodies in the three divisions of the kingdom to act upon it, and requested the Legislature to bring in a Bill to sanction and enforce it. The medical authorities of England at once set to work to frame a scheme in accordance with it, and the scheme so drawn up had been sanctioned by the Medical Council. Further than this, the English bodies had been engaged in framing a series of regulations for the examinations, and those regulations were now almost completed. The English authorities had been taunted with the difficulties they had met with, and the slowness with which they had carried on the work. He could, perhaps, speak more fully with regard to those difficulties than any other member of the Council, as he had been intimately connected with the meetings which had been held, in consequence of his relation with the College of Surgeons, which had far greater interests at stake than any other body, and, perhaps, greater than those of all the colleges of Scotland and Ireland together. The University of Cambridge also watched most narrowly all that related to the subject of medical education. The interest in it was not confined to those who were directly concerned in the work of medicine, but was shared to a great extent by others, and both the Cambridge University and the Royal College of Surgeons considered that great national good would result from the establishment of conjoint boards in each division of the kingdom. It was that feeling, and that feeling alone, which carried them through all the varied difficulties which beset them. But what was the greatest difficulty of all? It was the apprehension that, after all, the good work which they were anxious to carry out might fail through the want of co-operation in other divisions of the kingdom; and when the representatives of those other divisions taunted England with slowness they should bear in mind that it was in a great measure caused by themselves. The question for the Council now to consider was whether it would stand true to its own colours, and support the bodies which had acted in conformity with its wishes, or whether it would stultify itself and desert those bodies. The circumstances were not now different from what they were when the Council first passed its resolution on the subject. The Council then regarded it as an intolerable anomaly that a licence to practise in every division of the kingdom should be obtainable through any one of nineteen separate boards in different parts of the kingdom. That anomaly still existed. It was true that some good had been done by the visitation of examinations, but that process was a costly and cumbrous one, and it could only be carried out once in ten, fifteen, or twenty years; in fact, the Council had acknowledged that it could not possibly carry out the visitations in a thoroughly effective manner. But, besides the other difficulties, there were the imputations which had been cast against the corporate bodies—imputations of "downward competition." Whether that charge was true or not, there ought not to be the possibility of its being levelled in so important a matter. It had also been said that students who were rejected at one examination found their way very quickly to another and obtained their diplomas, and returned and flaunted them in their teachers' faces. Such things ought not to be tolerated on so grave a subject as the qualifications of a man licensed to practise. That there were some grounds for such imputations might be seen by the returns of the several medical bodies which had been to-day laid before the Council. It appeared that the College of Surgeons in England at the final examination rejected 133 out of 412, the College of Surgeons in Edinburgh 6 out of 56, and the College of Surgeons in Ireland 4 out of 89.

Dr. WOOD said this statement was unfair to the College of Surgeons in Edinburgh, because the great mass of the students who were examined there for single qualifications had previously obtained degrees at the University of Edinburgh. If the double qualifications were taken into account, it would be found that 68 were rejected out of 170.

Mr. MACNAMARA said at the Royal College of Surgeons in Ireland there were two classes, a junior and a senior class, and at what was called the second examination 33 were rejected out of 99.

Dr. HUMPHRY said the recognition of qualifications for the medical profession ought to stand on ground beyond all these

imputations. What were the objections to the Council continuing the affirmation of the principle of one examination in each division of the kingdom? Those objections came chiefly from Scotland. It was said that after all the scheme would not ensure uniformity of qualification; but at all events it would increase the likelihood of securing such uniformity sixfold. Instead of nineteen examinations to be visited there would be only three; and moreover they would not be conducted by those who had financial relations with them, but by congregations of bodies who would receive as a whole any fees that were paid. On the other hand, it had been said, somewhat contradictorily, that it would bring the qualifications down to one dead level; but that would by no means necessarily be the case. The English universities had entered into the scheme without the slightest shadow of an idea that their own qualifications would be lowered one iota by it. On the contrary, they had taken precautions that their own qualifications should stand quite aloof from the simple qualification which was necessary for practice. It had been urged that a conjoint examination would tend to lower the standard, but he maintained that it would operate in an opposite direction. The universities would be left free to adopt as high a standard as they chose, instead of being fettered by the idea that its test might be such as to prevent a man from gaining a livelihood. It had been said that Scotland could not adopt a conjoint scheme. It was not that it could NOT, but that it would not. Scotland had been the means of squeezing the conjoint examination out of the Bill, and it should be the effort of England to see that that result should not be accomplished. The proposed Bill would neutralise and paralyse and reduce to a low position all the medical bodies of the empire, for none of them could grant diplomas or degrees except under examination and educational rules which should be framed by the Medical Council, and approved by the Privy Council. The Bill extended the powers of the Privy Council further than any former Bill, and tended to repress and destroy the independent action of the profession for which they ought all earnestly to strive. He trusted that the Council would stand by the principle which it had hitherto upheld, and by which it might almost be said it would stand or fall.

Sir JAMES PAGET seconded the motion.

Dr. WOOD said that in opposing Dr. Humphry's motion he might be charged with inconsistency, but he did not fear the charge. He had at first been taken with the idea of a conjoint board, but on further examination he could not support it. The question should now be regarded as a new one. They had now arrived at a new point of departure, and should consider the actual state of the profession in the present day. In former days, before the Medical Act was passed, there was no check upon the examinations given by the different bodies, and perhaps none of them came up to a proper standard. The Medical Act did not absolutely require a double qualification, but it gave permission to bodies to combine with that view, and it was only in Scotland where the permissive clause had been acted upon. The examination in general education was also very defective. Nor was there any Register, and a man might assume any title he chose. Great efforts were made to bring about a medical reform, but the greatest difficulties were experienced and great differences of opinion were expressed, especially as to the constitution of the Medical Council. The Medical Act had now been in operation for twenty years, and what had been the result? It was the fashion for the journals to speak disparagingly of the Council, but he appealed to the well-known names of its presidents and its leading members in opposition to the pessimist views sometimes expressed, and he maintained that the skill and ability in the medical profession generally had increased in immense ratio since the Council had been established. Every student had now to pass an examination in preliminary education before entering upon his medical studies, the curriculum of study had been extended, and the character of the examinations had been greatly improved. By the visitation of examinations conducted by the Council a great work had been accomplished. The Army Medical Returns showed the good that had been effected. He repelled with indignation the insinuation that had been made against Scotch diplomas. The bodies in Scotland were most anxious to improve their examinations, and it was false to allege that they sought to allure students from different parts of the kingdom by the lowness of their standards. There were most able men practising even in the remote parts of Scotland. The improvement that had taken place had been largely due to the action of the Council. If, then, such progress had been made, what need was there for any great measure of legislation? None. He thought that the Duke of Richmond was wise in refusing to introduce a radical or a revolutionary measure. There were, no doubt, amendments to the Bill which might be made with advantage. He did not, however, with Dr. Humphry, object to the Privy Council element, believing that it would be likely to be exercised in defending the bodies from a tyrannical majority of the Medical Council. With regard to the conjoint examinations, he regretted that England and Ireland had not formed combinations such as had been formed in Scotland. Those examinations had worked smoothly, harmoniously, and inexpensively, without destroying the identity and individuality of the different bodies; so that, although there were seven bodies there, from the way in which they were interlaced and combined together, there was not such a want of uniformity as might be expected. England, however, had effected nothing in the way of combination from 1858 to 1870; but in the latter year the bodies here were roused to a degree fiery in proportion to their previous languor. They went in for a combination of all the licensing bodies in the country, and tried to force the same thing upon Scotland and Ireland. Scotland did not approve of the plan, and even the English bodies seemed to have some misgivings about it, for by Clause 12 of the scheme a *locus pœnitentiæ* was left open, empowering any body, at the end of five years, to withdraw from the combination by giving one year's notice. But if the Conjoint Scheme were inserted in the Bill there would be no means of escape, even if it turned out as badly as he expected it would. No doubt, at first sight, a Conjoint Board appeared to be a very simple and very effective plan, but in order to test it there must be a descent from the abstract to the concrete. How would it work? Would it actually establish the uniformity which was aimed at? If absolute uniformity were required it would be much more rational to propose one conjoint board for the whole kingdom; but even that would not accomplish the purpose. He gathered from the Medical Register that there were about 1350 men examined every year. That number must be multiplied by four to obtain the number of examinations that would have to be provided for. Everyone must agree that to carry out 5400 examinations in a year would be a labour compared with which the twelve labours of Hercules were a mere joke. A limited number of examiners could not do it. There must, then, be a number of sections of the examining board, and in that case how could uniformity be secured? As to the examiners, they would be the same as at present; the Committee of Reference would have no other choice. He was surprised that the English bodies should agree to the proposed conjoint examination, because it robbed them of their *raison d'être*, and took from them the right of examining independently their own men. He thought they should think twice before parting with their identity, their autonomy, and individuality. He also feared that if the proposed agglomeration of bodies took place, the university degrees might be reduced to a level of mediocrity, or be raised so high as to prevent the country being properly supplied with medical practitioners. That was the view of Dr. Playfair, with whom he had recently conferred on the subject. Dr. Christison had also begged him to denounce the conjoint examination, believing that nothing but evil would come of it. The experiment was a hazardous one, and might lead to disastrous results:—

> "Facilis descensus Averni,
> Sed revocare gradum . . .
> Hoc opus, hic labor est."

Sir D. CORRIGAN said he was a supporter of Dr. Wood's views, and he considered that his defence was complete, for while England had been idle for twenty years, Scotland had carried out a combined scheme. A great change had taken place in the opinions of the Council during the last few years, for four years ago, when he and Dr. Aquilla Smith advocated the double registration, there was no third person to support it. He attached no importance to Dr. Humphry's statement that the Council would be stultifying itself if it did not pursue the course it had formerly adopted. It was no stultification to abandon a wrong course. He maintained that the adoption of the proposed Conjoint Board Scheme would tend to lower the standard of education, and he protested against any measure which would bring everything to the same level.

Dr. ROLLESTON briefly supported the motion, and the Council adjourned.

THURSDAY, APRIL 11TH.

The Council reassembled at 2 o'clock.

Dr. Rolleston continued his argument in favour of Dr. Humphry's motion, which was afterwards supported by Mr. Teale, Dr. Storrar, Dr. Quain, Sir W. Gull, and Dr. Pitman; and opposed by Dr. Haldane, Mr. Turner, Dr. Aquilla Smith, and Mr. Macnamara. The debate was then adjourned, on the motion of Mr. Simon.

The Army Medical Returns were ordered to be inserted on the Minutes, and a letter was read from the chairman of the Medical Reform Committee.

Correspondence.

"Audi alteram partem."

THE HISTORY OF LEUCOCYTHÆMIA.

To the Editor of THE LANCET.

SIR,—It seems to be worth while, in connexion with the discussion now in progress at the Pathological Society, to call attention to a curious coincidence, and to a point in the history of leucocythæmia which in this country has received little recognition. The coincidence is the death, only a fortnight before the discussion opened, of the first observer of the disease, Dr. Alfred Donné. In a case of splenic disease, under the care of Barth, not published until 1855, but observed in 1839, Donné found that the blood contained "one-half white or mucous globules." The point to which I wish to call attention is the clearness with which Donné, in his "Cours de Microscopie," published in 1844, a year before the cases of Craigie, Bennett, and Virchow were published, described and discussed the morbid state of blood. He says (p. 196), "J'ai plusieurs fois rencontré dans le sang de malades, des proportions considérables de globules ayant tous les caractères des globules de pus, et que j'aurais infailliblement considérés comme tels, si je n'avais pas connu la grande analogie de structure et de forme des globules purulents avec les globules blancs du sang." In another place (p. 135) he says, "Je suis plus porté à croire que l'excès des globules blancs tient plutôt au défaut de transformation de ces globules en globules rouges, à une soit d'arrêt dans l'évolution du sang, qu'à la présence de globules d'une nature étrangère, comme ceux du pus." He also attributed to the spleen the function of converting the white into red globules, as Hewson had done in the preceding century. Donné suggested also the method of observing the amount of white blood-corpuscles by the method of subsidence in defibrinated blood, and he described very clearly the microscopical condition of the blood in a case of what was known, before Virchow reapplied the term, as "sang blanc," demonstrating that the condition depended on fat-globules, and not on any "purulent elements."

These facts do not affect the question of the claims of Edinburgh and Berlin to the discovery of the disease, a question which has been so much discussed, and the answer to which will very much depend on what is meant by the word "discovery." It is certainly, however, worth while to remember the circumstance, pointed out by Dr. Murchison at the last meeting of the Pathological Society, that the modern theory of the nature of pus-corpuscles renders the opinion of Craigie and Bennett less divergent from that of Virchow than has been commonly assumed. This applies especially to the ingenious argument of Craigie, from the structure of the spleen, that in chronic inflammation of the organ pus-corpuscles would pass into the blood, instead of accumulating in abcesses. But on this point it must be confessed the Edinburgh observers were far behind the standpoint of Donné, which even Virchow did not reach until some years later.—I am, Sir, yours, &c.,

W. R. GOWERS.

METHODS OF RESTORING THE APPARENTLY DROWNED.

To the Editor of THE LANCET.

SIR,—You will have seen in the pictorial and other papers that a recent system of treating the apparently drowned has been placed before the public, and introduced to ambulance and other classes. Its author, Dr. Howard, of New York, is an officer of great experience and varied service in the United States army. Now, whether Dr. Howard's, Dr. Silvester's, or Dr. Marshall Hall's method may be the best seems, to my mind, to require a modern investigation. No one would doubt my father's anxiety, were he alive, to improve upon his own plan, nor to substitute, in whole or in part, a better one if found. On the other hand, such a plan as lately existed (and may now exist) in several quarters, of trying the Marshall Hall method for five minutes, and then adopting another, is perfectly infantile! And it is the more mischievous since there is in such cases probably only *one* chance! You cannot alter the treatment and exhibit various medicines!

I have little right to discuss these matters, not being myself a medical man. But, as a matter of fact, I have seen many experiments with, at all events, two existing methods, and am sufficiently familiar with the question to take the present step, which is to call upon the profession, through your widely circulated organ, *not* merely to ventilate their ideas, but to form some kind of commission to investigate the *whole question*. And, without quitting my non-partisanship, persevered in through so many years as have passed since my father introduced the first treatment of which a rational foundation could be said to exist, I should, in case such a step be taken, wish to be allowed, *as a layman*, to put in writing a few queries bearing upon the practice of these various systems. Lest I should be misunderstood, let me, once for all, say that I should decline to serve on such a commission.

With regard to Dr. Howard, I have not asked him any questions on the subject, but I am under the strong impression that he would cordially welcome such an investigation, provided the constitution of the working body be such as to secure thoroughness.

I remain, Sir, yours, &c.,

MARSHALL HALL.

Scientific Club, Saville-row, April 8th, 1878.

THE UNIVERSITIES AND MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—For many years we have heard lamentations as to the want of culture and deficient general education which characterise most of the medical students of the present day. This may be accounted for by the diminution of the university element, and the early age (under seventeen) at which their medical education begins—an education on behalf of which all their energies are demanded, and during which all efforts for the acquirement of any but technical knowledge are characterised as waste of time. The question as to whether medical education should not include something besides the mere technical knowledge at present taught is one which will have to be faced before many years are past; but I wish to confine my remarks to the former question on which Dr. M. Foster has just written—viz., why so few embryo medical men go up to the university. As he so truly remarks, a man to obtain what he calls the "medical instinct" must begin his special training whilst his mind is still supple, and he thinks that a man who defers his medical training until his twenty-third or twenty-fourth year in order to take high mathematical or classical honours has not gained by his delay. But I presume that no one can deny that had he taken those honours at twenty, or even earlier, he would be a decided gainer—first, because, owing to the greater breadth and logical training of his mind, he would in a few years outstrip those whose education had ceased at seventeen; and, secondly, because he would be a more powerful social factor. Many men have been deterred from sending their sons to the university because they felt that but few boys at sixteen or seventeen have sufficient self-control to benefit by the liberty of college life, and that if they waited three years longer the increased expense, with perhaps but small advantage in the profession, made it a dubious benefit.

But the machinery of the University of Cambridge (e. g.), within the last few years, has met this want by the unattached system and by Cavendish College. As unattached students, men are able to live with friends, enjoying the benefits of the University, yet not gaining much of the

social training which is derived from daily intercourse with many men. It being intended that men should enter at Cavendish College at an earlier age than they do at most colleges, the regulations have been framed accordingly, and while controlling its members more than other colleges do, it offers them the mental and social training of the University. By means of either of these, a man can, at the age of nineteen or twenty, take an honour degree, and that at a cost, while at the University, of less than £100 a year, and then, well trained both mentally and bodily, can commence his medical education with great advantages. Hence it is probable that in the next few years the University medical school will increase rapidly in numbers, more especially if the suggested additions are made to the medical staff.

The advantages which a University medical school can offer over those of hospitals are—1, a general mental training and culture; 2, a social education. And it seems to me that, to gain the first, a student should take up the Tripos for which he is most competent, and should not begin his medical education until he has taken his degree. That it is possible even now for a man to take a good degree at an early age has been shown by the fact that within the last few years two of the senior optimes have been only seventeen years old.

Yours obediently,

March 15th, 1878. CANTAB.

MR. HARDY'S COMMITTEE.

To the Editor of THE LANCET.

SIR,—The Service is under the impression that the Committee spoken of by the Secretary of State for War on the 4th March is actually at work, since the members have been nominated. Will you therefore be so good—as you have for so many years advocated the claims of military medical men to consideration—as to draw the attention of the Committee to the very few following points, which are really of imperative necessity:—

1. Abrogation of the ten years' system.

2. Optional retirement at twenty years on 17*s.* 6*d.* a day, with an additional 6*d.* a day for every additional year's service, so long as the individual is capable of doing his work efficiently.

3. That age-disqualification for service of executive officers should be abolished.

4. That men for the administrative ranks be not chosen *before* twenty-five years' service is reached, for, after that age, men take interest in the rectification of abuses; and from age they get into a humdrum style. An administrative officer must or should be a good professional man—i.e., he should be able to give advice on professional matters, both medical and surgical, when called on by his juniors *at the bedside*, and not be an automaton and have lost, or be ignorant of, the newest medical knowledge.

5. That men holding administrative rank be limited to a three or five years' tenure of office, and then go on half-pay, but *liable* (not of necessity) to be re-elected for a higher post, or re-elected in the same grade as they come to the top of the list, or selected for particular service, until the age of sixty. That a man selected for an appointment on the verge of sixty should be permitted to have his three or five years tenure according to circumstances.

6. That retired medical officers of the army should be alone entrusted with militia duties; that they should be under fifty years of age on appointment, and resign at sixty-five years.

I venture to think, Sir, that some such regulations would prevent Her Majesty's Government experiencing for a long time to come a dearth of medical talent for employment in its armies.

I am, Sir, yours obediently,

March 21st, 1878. FAITHFUL.

P.S.—It might also be added that an officer retiring at twenty years should, if he wished, and no objection existed on the part of the medical authorities, be permitted to serve again in his old position, but be ineligible for promotion.

MEDICAL SOCIETY, COLLEGE OF PHYSICIANS, IRELAND.—At a meeting last week, Dr. J. T. Banks was elected a vice-president in the vacancy caused by the decease of Dr. Wm. Stokes. There were four candidates.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on the 4th, 5th, 8th, and 9th inst.:—

O. A. Collins, W. T. Wyatt, G. W. H. Cumming, E. Clarke, W. I. Collins, H. R. Spackman, J. Wilson, U. A. C. Harris, W. G. A. Bedford, H. J. Towlson, S. H. Linderman, and W. T. M. Clark, St. Bartholomew's Hospital; F. W. L. Beales, D. C. Trott, R. J. H. Scott, L. W. K. Phillips, John W. Sanders, Herbert G. Ashwell, and Edwin A. Starling, Guy's Hospital; H. C. R. Burn, W. H. Hiddingh, G. C. Gaudin, C. A. Weber, H. C. Howard, F. D. Cæsar Hawkins, A. Hoare, C. Bradley Maitland, N. Mac Beth Reid, C. J. Marsh, and G. H. Milnes, St. George's Hospital; C. D. Evans, H. Maudsley, H. M. Murray, V. A. H. Horsley, C. J. Watkins, D. W. Donovan, H. R. Gatley, and D. W. Buxton, University College; J. Thomas, W. W. Webber, R. J. Williamson, T. P. Woodhouse, R. Heelis, and C. S. Sherrington, St. Thomas's Hospital; J. M'D. Rogers, M. Jackson, A. O. Knight, C. D. Davis, P. F. Sturridge, and G. L. Galpin, Middlesex Hospital; C. G. Havell, J. P. B. Wills, and K. W. Millican, St. Mary's Hospital; H. S. Parker, W. G. Evans, and W. A. Morris, King's College; M. Pittard, J. B. Baker, W. J. Clarke, and C. R. Crane, Charing-cross Hospital; Charles W. Glassington and W. Hy. Quicke, Westminster Hospital; R. Honeyburne and William Renner, Liverpool; J. J. E. Renshaw, H. Waytes Pomfret, and R. Maguire, Manchester; J. Phillips, Cambridge; T. G. Stonham, W. H. S. Jones, and H. W. Payne Markham, London Hospital; D. Bennett, St. Mary's and Charing-cross Hospitals; J. C. Marsden, Madras and University College.

Of the 162 candidates examined during the last and present week, 26 failed to satisfy the Board of Examiners, and were referred for three months' further anatomical and physiological study.

At the annual election of Fellows into the Council of the College of Surgeons, in July next, the retiring members will be Messrs. Barnard Holt, Henry Lee, and Erasmus Wilson, who will, no doubt, offer themselves for re-election. In addition to these gentlemen, the names of other candidates have been mentioned as likely to be brought forward.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on April 4th:—

Claremont, Claude Clarke, Millbrook House, N.W.
Evans, James William, Trevaughan, Carmarthen.
Green, Albert Edward, Ashford-terrace, Hoxton.
Green, Charles, Eston, near Middlesborough.
Matthews, Valentine, Southampton-street, Strand.
Osborn, Wm. Henry, Wheeley's-road, Birmingham.
Robins, Harvey, Park House, Notting-hill.
Swann, Alfred, Manningham, Yorkshire.
Wells, Alfred George, Cross-street, Horsleydown.

The following gentlemen also passed the Primary Professional Examination:—

Evan Herring Hare, St. Thomas's Hospital; Walter Robert Thomas Hawkins and Frank Shapley, London Hospital; Herbert Prince, Charing-cross Hospital; Warwick Charles Steele, St. Bartholomew's Hospital.

TEN deaths from small-pox were registered last week in Dublin.

A Lecture Hall is to be built at Warminster, Wilts, as a memorial of the late Charles James Bleeck, F.R.C.S.

DR. ANGUS MACKINTOSH, medical officer of health for the Chesterfield Rural Sanitary District, states in his last report that the death-rate has decreased from 31 per 1000 in 1874 to 18 per 1000 in 1878.

AT the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on the 9th inst., Dr. J. W. Johnston, Inspector-general, in the chair, the sum of £60 was distributed amongst the various claimants.

A meeting has been held at the Town Hall, Dewsbury, the Mayor in the chair, to consider the propriety of establishing a Cottage Infirmary, which it was decided to do, and a committee was appointed to carry out the scheme.

DEVONSHIRE HOSPITAL AND BUXTON BATH CHARITY.—The annual meeting of the friends of this institution was held on the 8th inst. In the address of Dr. Robertson, chairman of the committee of management, the satisfactory condition of the charity was affirmed, though the want of funds to meet the increased demands on its resources arising from the enhanced cost of provisions was prominently set forth. A nursing department has been added, and the number of beds has been increased by a fresh arrangement of the interior of the building.

BEQUESTS ETC. TO MEDICAL CHARITIES. — Mrs. Lucas, of Bromley, Kent, has given £500 to the Margate Cottage Hospital for the erection of a ward for seamen, in memory of her late husband. The West Norfolk and Lynn Hospital has received £500 under the will of the Hon. Mrs. Howard. The Gloucester Infirmary has become entitled to £1000 under the will of Earl Bathurst. His Highness the Maharaja of Burdwan has given £20 to the East London Hospital for Children. Mr. Frederick Cohen bequeathed £1000 to the General Hospital, Birmingham, for the founding of a fund for the relief of necessitous patients leaving the hospital. The Bristol Hospital for Sick Children has become entitled to £1500 under the will of Mrs. Price. The Charing-cross Hospital, the Royal Free Hospital, the National Hospital for Consumption (Ventnor), and the Cheyne Hospital for Sick and Incurable Children, have each received £100 under the will of Mr. Peter T. Staples. The Misses Brooke have given £100 towards the building fund of St. Mark's Ophthalmic Hospital, Dublin. Dr. J. B. Story has given £100 to the same institution on appointment as junior surgeon.

Medical Appointments.

ABBOTT, C. E., L.K.Q.C.P.I., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Staffordshire General Infirmary, Stafford, vice Reid, resigned.

ADAMS, G. E. D'Arcy, M.D., has been appointed Medical Officer to the Bedminster Union Workhouse, at £60 per annum and fees, vice Day, resigned.

ATKINSON, J., L.R.C.S.I., L.K.Q.C.P.I., & L.M., has been appointed Medical Officer of Health for the No. 2 Sub-district of the Teesdale Rural Sanitary District, vice Makens, resigned.

BAIN, D. S. E., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 1 District of the Mere Union, Wilts, vice Ramsey, deceased.

BELL, W., M.D., M.R.C.S.E., has been appointed Honorary Surgeon to the South Dispensary, Liverpool.

BOTHWELL, G. G., L.R.C.P.Ed., L.S.A.L., M.R.C.S.E., L.M., L.A.H.D., has been elected Medical Officer and Public Vaccinator for the Topsham District of the St. Thomas Union, Exeter.

BROWN, J., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Parish of Kirkcowan, Wigtownshire, vice Selby, resigned.

BRUNTON, J., M.A., M.D., has been appointed Honorary Consulting Surgeon to the Royal Caledonian Asylum, vice Sir William Fergusson, Bart., deceased.

CÆSAR, J., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.L., has been appointed Resident Medical Officer to the Victoria Dock District Provident Dispensary, vice Tiley, resigned.

CANTLIE, J., M.B., C.M., F.R.C.S.E., has been appointed an Assistant-Surgeon to the Charing-cross Hospital, vice Godlee, resigned.

COGAN, L. F., L.R.C.P.Ed. & L.M., M.R.C.S.E., has been reappointed Medical Officer of Health for the Northampton Urban Sanitary District, at £100 per annum, during the pleasure of the Authority.

DREW, C. L., M.B., C.M., M.R.C.S.E., has been appointed Medical Officer for the Dunchurch District of the Rugby Union, vice Whitehead, resigned.

FISHER, G., M.R.C.S.E., L.R.C.P.Ed., has been reappointed (for the fourth time) Medical Officer of Health of the Albury Rural Sanitary District, at a salary of £10 per annum, and 10*s.* 6*d.* per report. Also Surgeon to the Modern Order of Foresters (Guildford Unity) at Shere, and to the Friendly Society at Albury, both vice Capron, resigned.

FORD, A. V., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Medical Officer for the Kingston District of the Portsea Island Union, vice Davies, deceased.

GRAY, F. A., L.R.C.P.L., M.R.C.S.E., has been appointed Certifying Factory Surgeon for Ottery St. Mary, Devon.

HUMBLE, G. A., M.D., M.R.C.P.L., has been appointed Physician to La Asociacion Española de Socorros Mútuos de Patagones, Province of Buenos Ayres, Argentine Republic, South America.

HUSBAND, W. E., L.R.C.P.I., M.R.C.S.E., has been appointed Resident Medical Officer to the Royal United Hospital, Bath, vice Field, resigned.

INGLIS, T., M.R.C.P.Ed., L.R.C.S.Ed., has been appointed Senior Assistant Medical Officer to the Royal Lunatic Asylum, Edinburgh, vice Brown, appointed Medical Superintendent of the Fife and Kinross District Lunatic Asylum.

INKSTER, S. M., M.D., has been appointed a Certifying Factory Surgeon for Sheffield, vice Hall, deceased.

LANGWORTHY, W. F., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for Modbury.

MACAULAY, Æneas, L.F.P.S.G., has been appointed Medical Officer and Public Vaccinator for the Middleton District of the Teesdale Union, vice Makens, resigned.

MCCARTHY, J. McCallum, M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Priors-Lee District of the Shifnal Union, vice Greene, resigned.

MACKEY, S. W., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Certifying Factory Surgeon for the Churchinford District, vice Maginniss, resigned.

MOORE, J. D., M.D., has been appointed a Medical Visitor of Houses licensed for the reception of Lunatics within the County of Lancaster, vice De Vitre, resigned.

OWENS, C. A., M.D., L.R.C.S.I., &c., has been appointed Medical Officer and Public Vaccinator to the First District and Workhouse of the Depwade Union, vice Barton, resigned.

PYE, W., M.R.C.S.E., has been appointed an Assistant-Surgeon to St. Mary's Hospital, vice Norton, appointed a Surgeon.

RANKIN, W. L., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Parish of Strathblane, Stirlingshire, vice McCandlish, who will resign in May.

RINGER, S., M.D., F.R.C.P.L., has been appointed Professor of Medicine at University College, London, vice Reynolds, resigned.

SANGER, J. C., M.D., has been appointed Resident Medical Officer to the Lewes Dispensary and Infirmary.

SMITH, R. J. P., L.R.C.P.L., F.R.C.S.E., has been appointed a Certifying Factory Surgeon for Sheffield, vice Hall, deceased.

STEVENSON, L. H., M.B., L.R.C.P.L., has been appointed a Physician to the St. Marylebone General Dispensary, vice Smith, resigned.

TAIT, R. K., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed an Honorary Medical Officer to the North Shields and Tynemouth Dispensary.

TAPLIN, B. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Binbrooke District of the Louth Union, vice Fawssett, resigned.

TAYLOR, J. R. A., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Twycross District of the Market-Bosworth Union, vice Edmonds, resigned.

THOMAS, R. W., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the No. 2 or Marksbury District of the Keynsham Union, vice Riordan, resigned.

VACHER, Mr. F., has been appointed Medical Officer of Health for the newly-incorporated Borough of Birkenhead, at £400 per annum.

Births, Marriages, and Deaths.

BIRTHS.

ASHBY.—On the 5th inst., at Grantham, the wife of Alfred Ashby, M.B., F.R.C.S., of a daughter.

HAMILTON.—On the 3rd inst., at Oakthorpe, Windermere, the wife of Archibald Hamilton, M.D., of a son.

HOAR.—On the 2nd inst., at Maidstone, the wife of Dr. C. E. Hoar, of a daughter.

KENNEDY.—On the 3rd inst., at Fort William, Inverness-shire, the wife of Duncan S. Kennedy, M.B., of a daughter.

THOMPSON.—On the 7th inst., at Cavendish-square, the wife of Edmund Symes Thompson, M.D., of a daughter.

TURTLE.—On the 4th inst., at Homerton, the wife of J. H. Turtle, M.D., of a daughter.

MARRIAGES.

COTTON—WILMOT.—On the 27th ult., at Kensington, Holland John Cotton, M.D., to Eliza Catherine, daughter of Chester Eardley Wilmot, Esq.

DE MONTMORENCY—KEMMIS.—On the 28th ult., at Booterstown Church, Dublin, the Hon. Arthur Hill Trevor de Montmorency, M.D., to Caroline, daughter of the Rev. George Kemmis.

DEATHS.

ATWOOD.—On the 7th inst., suddenly, William Alban Atwood, Esq., L.K.Q.C.P.I., M.R.C.S.E., of Ladbroke-grove, Notting-hill, aged 47, deeply regretted. Friends will kindly accept this intimation.

BURCH.—On the 3rd inst., at Vauxhall-bridge-road, Sampson Kingsford Burch, M.R.C.S.E.

ELLIOT.—On the 6th inst., at Bellingham, John Elliot, L.R.C.S.Ed., aged 62.

HIDE.—On the 6th inst., at Park-road West, Brighton, John Hide, L.R.C.P.I.

KINGSTON.—On the 7th inst., at Walton, Suffolk, William Young Kingston, M.D., aged 30.

MCKITTRICK.—On the 4th inst., at Newtownards, Dr. Robert Orr McKittrick, formerly of Holywood, aged 83.

MACLAGAN.—On the 4th inst., at Melville-street, Edinburgh, Jane Whiteside, widow of David Maclagan, M.D., F.R.S.E., Physician to the Forces, and Surgeon-in-Ordinary to the Queen for Scotland, aged 88.

MCLOUGHLIN.—On the 30th ult., at Abbeyleix, Queen's County, Gordon McLoughlin, L.A.H.D., aged 35.

ORR.—On the 3rd inst., at Vauxhall-bridge-road, Robert Scott Orr, Surgeon, aged 51.

WARCUP.—On the 4th inst., at Scarning, Norfolk, William Mark Warcup, L.R.C.P.Ed., aged 84.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

Dr. B. Lee: Suspension as a Means of Treating Spinal Distortions.
The Quarterly Journal of Microscopical Science. April.
Journal of the Scottish Meteorological Society.
The Birmingham Medical Review. April.
B. H. Paul: Industrial Chemistry.
Dr. J. Chiene: Lectures on Surgical Anatomy.
Dr. A. Wimmer: The Salt-Waters of Kreuznach.
Dr. Waring: Bibliotheca Therapeutica.
Dr. Richardson: Health and Life.
Dr. Chandler: Dental Caries and its Causes.
The Westminster Review.
J. W. Hill: The Management and Diseases of the Dog.
Dr. A. H. Hewitt: A Manual of Necroscopy.
A. J. Evans: Illyrian Letters.
Dr. E. Wenzel: Atlas der Gewebelehre des Menschen.
Dr. J. Williams on Membranous Dysmenorrhœa.
The Popular Science Review. April.

Notes, Short Comments, and Answers to Correspondents.

TWO RECENT MEDICO-LEGAL CASES.

AT the Devon Lent Assizes two important medico-legal cases were investigated before Sir J. Fitzjames Stephen, and both resulted in the acquittal of the prisoners. In the first case, Charles Horsey, a quack doctor, with a local reputation for curing ulcerated legs, was consulted by a woman, named Rhoda Burge, who had been suffering from this affection for some time previously. He gave her a lotion containing corrosive sublimate, of what strength does not appear, but sufficiently powerful to induce rapid and severe salivation. She died in a few days, and on post-mortem examination no organic disease was found, whilst the lungs were gorged with blood. A trace of corrosive sublimate was detected in the liver; but the learned Commissioner did not consider this evidence sufficiently complete to prove gross, culpable negligence on the part of the quack, and so directed the jury to find the prisoner not guilty of the charge of manslaughter. It would have been more satisfactory if the strength of the remainder of the lotion had been put in evidence, inasmuch as the question whether the man had common medical knowledge, the absence of which had to be shown by the prosecution, could then have been readily answered. In the second case, an umbrella manufacturer, carrying on an extensive business in Plymouth, and having also a private residence at Horrabridge, was charged with administering and causing to be taken by a girl, named Bessie Cornish, a noxious drug (ergot of rye), with intent to procure a miscarriage; and the girl was herself indicted for taking poison with intent to procure her own miscarriage. The medical evidence tended to prove that the girl had miscarried on the 29th of November, and there was no doubt that the male prisoner had been supplying her for some time previously with medicines. Towards the end of October her mistress, who was suspicious that the girl was pregnant, examined the chest of drawers in her bedroom, and found some powders, some pills, and two empty bottles. On the 3rd of November another bottle was brought for her; on the 5th three parts of its contents had disappeared, and a few days later the bottle was empty, but not before the mistress had secured some of the fluid, which on analysis proved to be pure ergot of rye. The male prisoner had often obtained this drug for "veterinary purposes" from a chemist at Plymouth, the date of the last occasion being the 24th of July, when he was supplied with four ounces. The medical witnesses admitted that the ergot which was taken between the 5th and the 7th of November would probably have acted before the 27th, when the girl's illness commenced, especially if three parts of a four-ounce bottle had been taken; and both prisoners, receiving the benefit of the doubt, were acquitted. The male prisoner did not attempt to deny that he had supplied the drug; but it was urged in his defence that previously, whilst in his service, she had been successfully treated by him for "suppressed menstruation," and on a recurrence of the same condition, whilst in another situation, had applied to him again for advice and medicines. It was suggested that clergymen and other benevolent people often administered drugs to the poor; but we are inclined to believe that they stop short at simples for coughs and colds, and do not dabble with such powerful agents as pure ergot of rye. We expect that the umbrella-maker, "who had practised as a medical man in the district *rightly or wrongly*," has had such a lesson as will teach him in future to stick to his trade, and leave the treatment of "worms and suppressed menstruation" in female domestics to properly qualified practitioners. The procuring of an energetic abortifacient "for veterinary purposes," and prescribing it occasionally for women to use by way of injection, as stated by the chemist, seemed to strike the Judge as being rather remarkable, and certainly display strange knowledge and conduct on the part of a respectable tradesman.

Mr. Lingley.—We cannot name a particular surgeon. Seek the aid of a respectable practitioner, who will advise.

UNEQUAL LENGTH OF THE LOWER LIMBS.

To the Editor of THE LANCET.

SIR,—In reference to a notice in your last issue about the unequal length of the lower limbs observed by Dr. J. Dwight, of Brooklyn, in America, I beg to add that in the course of examining recruits for the army I have observed the same thing, and often measured the great difference between the two limbs in length; but this must be done when the man is *lying down* on the floor, and not when standing up. This difference causes the horizontality of the pelvis to be a little tilted up on one side, and produces a temporary or apparent lateral curvature of the lumbar spine, and a peculiar gait in walking, producing a tendency to a curvilinear direction to one side or the other. It would be interesting to know if tailors had observed the same phenomena in taking measurements for trousers, or whether this aberration may not account for some misfits in that dress. It appeared to be a natural deformity, and unconnected with any previous injury or disease then ascertainable, and such men were qualified for recruits. I had some suspicion remaining that the shortening lay in the femur, and was due somewhat to the more or less obliquity of the neck to the shaft of that bone.

Yours &c.,

April, 1878. MILES.

A NEW FUNCTION OF MEDICAL OFFICERS OF HEALTH.

AN incident at once painful and ludicrous occurred last week in Dorking, owing to the very exaggerated fear of small-pox entertained by some of the inhabitants. A hawker of cheap jewellery died of small-pox in a common lodging-house, and an order was obtained from the relieving officer, and taken to the undertaker, who is a contractor to the union, to bury the corpse. Two men carried the coffin to the room where the body was laid out, but became so scared by the view that they incontinently fled. Six other men who had been employed by the undertaker also refused to perform the office, the undertaker himself, according to a local newspaper, remaining outside in "a state of great excitement." Eventually, and after it became evident that no one else would volunteer, the medical officer of health undertook to place the corpse in the coffin. He was assisted in bringing it down stairs by the sanitary inspector, the stairs being so narrow that it was only by means of ropes that the descent could be effected. The remains were then deposited in the workhouse hearse, which, followed by a large crowd at a respectful distance, was taken to the cemetery. Even here the nerves of the undertaker's men failed them, and the task of burying the poor hawker devolved on the relieving officer and sanitary inspector. The medical officer of health is to be congratulated on having so quickly apprehended the situation created through the terror of the men employed to put the body in the shell, and for having so promptly overcome the difficulty himself; but if such supererogatory duties are to be imposed upon him in future, we would urge that his salary be at once doubled.

Mr. Alfred Ashby.—"Food Tables," by Dr. Lyon, published in Bombay.

REMOVAL OF THE ASTRAGALUS FOR THE RELIEF OF TALIPES VARUS.

To the Editor of THE LANCET.

SIR,—I observe that Mr. Maunder, in a letter on Specialists and Specialism published in your issue of March 30th, states that Mr. Lund by removing the astragali in a case of double talipes varus had obtained "a most gratifying result." I was present when Mr. Lund exhibited his case at a recent meeting of the Medical Society of London, and, upon examining the patient, arrived at a somewhat different conclusion from that expressed by Mr. Maunder.

Mr. Lund's case is one of great interest, owing to the complete originality of the operation performed. It was a case of congenital equino-varus, which had been successfully treated when the child was four months old, but, having been afterwards neglected, relapse had occurred. The patient was seven years old when he came under the care of Mr. Lund. Casts of the feet taken at this time show that the deformity was of moderate severity. An attempt was first made to forcibly replace the feet in their normal position; this failing, long-continued mechanical treatment was adopted, also without success. Mr. Lund, therefore, removed the astragali, the operation being performed in the month of January, 1872. On examining the feet the other evening, I found that movement of the ankle-joint was limited; a row of corns on the outer margin of each foot showed where pressure was exercised in walking, and that the varus was not completely removed; the arch of the foot was abnormally high, and I believe I am correct in adding that his powers of locomotion are not extensive.

This result can hardly be described as "a most gratifying one," nor do I think that Mr. Lund himself would so describe it. The operation performed was undoubtedly a piece of scientific surgery, the astragalus of the foot first operated upon being removed with but very slight injury to the other bones, and that of the second foot without any such mishap, so that the danger resulting from the exposure of cancellous bone-tissue was practically avoided. In this respect Mr. Lund's method of procedure forms a striking contrast to the wholesale resection of the tarsus practised by Messrs. Davy and Davies-Colley—a practice which has terminated fatally in one case, death resulting from septicæmia. Mr. Lund appears to have removed the astragali with the hope of more readily relieving the deformity than could be done by the usual method of treatment, and of preventing the tendency to relapse; but, having seen the case, I am of opinion that the deformity could have been more effectually removed by tenotomy and careful after-treatment.

I am, Sir, yours obediently,

Grosvenor-street, April 3rd, 1878. F. R. FISHER.

In Doubt.—It is certainly a most irregular and perilous practice to trust the nurse or relatives of a patient with the use of apparatus for hypodermic injections of *any* kind. Much mischief has been done by allowing patients to use this remedy as an anodyne. The administration of drugs by the hypodermic method should be in *every* case a professional business.

Mr. Henry Denne.—We cannot agree with our correspondent in suggesting further taxation of qualified practitioners as a protection against quacks.

Candidate should call upon or write to the Bedell at the College. The books which it is advisable to read will necessarily vary with the examiners that are in office.

PERFORATING ULCER OF THE FOOT.

To the Editor of THE LANCET.

SIR,—Will some of your numerous readers kindly inform me, through the medium of your columns, where a good description of the pathology of the disease termed "perforating ulcer of the foot" is to be found? Cases of this kind are not uncommon in surgical practice; but the ordinary text-books give a very scanty description of the disease.

Yours &c.,

March 27th, 1878. A. BLOMFIELD, M.R.C.S.

BOARDING-SCHOOLS FOR LADIES.

IN the *World* of last week is a most startling account of a boarding-school for ladies at Sunbury-on-Thames, in which, if true, not only was no tuition provided, but the boarders were actually starved. The prospectus, besides a table of terms to be paid in advance, offered, in addition to efficient teaching, "diet unlimited, and of the best quality." The latter is stated to have been the following:—"For breakfast at 7.30, a thick dole of new bread, innocent of butter, and a small basin of tea-tinted fluid. Dinner, which consisted of bone-scrapings in a mess of potato-squash, came occasionally at two o'clock, oftener at four, five, or six o'clock, and sometimes not until the day after. Tea was a repetition of breakfast." No wonder that in a fortnight the girls became weak and spiritless, that one fainted several times, and that another was delirious. We regret to find that the principal and his wife had disappeared before they could be apprehended for perpetrating such a scandalous swindle; but the reward that has been offered may still lead to their detection. Wilful neglect of this kind is fortunately very rare; but culpable negligence in not obtaining medical advice when necessary is only too common. An instance in point has recently been the cause of an action at Holsworthy County Court, in Devonshire, and as the jury awarded £20 damages to the father of the school-girl, we anticipate that it will prove a salutary lesson to boarding-school proprietors. The daughter of the plaintiff was a pupil-governess in a school at Ashwater, near Lifton, and was obliged, or, in the words of the defence, had asked, to make the beds in the boys' dormitory, in which thirty boys had slept—for apparently schools for both boys and girls were established on the same premises. The sleeping and washing accommodation for the boys was most inadequate, but on this we need not dwell. The young lady contracted itch from one of her fellow-pupils, who was said by the schoolmistress to be suffering from "nettle-rash." As the young ladies slept four in a bed, it very soon spread throughout the establishment. No medical opinion was sought; and Holloway's pills, which had been employed in a former epidemic of measles, *because the young ladies, all under seventeen years of age, desired not to see a medical man*, were again relied on to get rid of the disease. As the tendency of scabies is to increase in severity, instead of running a defined course like measles, the school panacea proved ineffectual, and at the vacation the affection was quickly communicated to the relatives at home. This soon led to an inquiry into the management of the school, and the plaintiff brought an action for damages, because, in the exercise of proper and reasonable precaution, the proprietor and his wife had neglected to call in medical advice, which, according to the Judge's decision, it was their bounden duty to do. Such gross cases as these rarely occur; but they only prove how necessary it is for parents to inquire most strictly into the general management and sanitary arrangements of a school, as well as into the skill and care exercised in tuition. A skilfully worded prospectus is not to be implicitly relied on; but the school premises should be inspected, and every detail investigated, before the proprietors, who are occasionally more solicitous about their banker's book than their boarders' comforts, are entrusted with the care of young people, whose health, at this period of life, is liable to be speedily and seriously undermined if not properly looked after and specially attended to.

Mr. Thomas Ellis.—There is no rule for such charges, and our correspondent would do best to rely on his own discretion and special knowledge of all the circumstances.

THE TEMPERATURE OF THE HUMAN BODY IN THE TROPICS.

To the Editor of THE LANCET.

SIR,—Referring to an article which lately appeared in THE LANCET relative to the temperature of the human body, by Dr. Boileau, I have to add my experience that I have found the temperature of the human body in health the same in the tropics as in temperate regions. All my observations have been made on Europeans with a verified thermometer, the instrument having been always used in the axilla. I have taken numerous observations in Barbadoes, St. Helena, and Brazil, all tropical countries, and I have taken frequent observations on myself and others while at sea in the tropics, and I have invariably found the temperature to be the same as in England—viz., 98·4°, or a few tenths more or less. The following are the morning and evening temperatures of a healthy adult taken during six days whilst at sea in the tropics, the temperature of the air being 86° Fahr., and during which time the equator was crossed:—Aug. 31st: morning, 98·2°; evening, 97·8°. Sept. 1st: morning, 98°; evening, 98°. Sept. 2nd: morning, 98·1°; evening, 98°. Sept 3rd: morning, 97·9°; evening, 98·2°. Sept. 4th: morning, 98°; evening, 98°. Sept. 5th: morning, 98·2°; evening, 98°.

As I write I have a much larger array of observations beside me; but I think the above may be sufficient to show that tropical heat does not raise the standard of human temperature.

In the sub-tropical countries of Cape Colony and Natal I have taken many observations, and have always found the temperature of the healthy adult to range from 97·6° to 98·6°, although the mid-summer temperature of both these countries is quite tropical, being sometimes as high as 102° F. in the shade. When treating disease, whether in a tropical or temperate climate, I have regarded the standard temperature of the body as the same, and in the tropics I would consider a temperature of 99° as indicating an abnormal state, however slight.

Yours truly,

April 2nd, 1878. J. G. THORNLEY, M.D.

DR. B. W. RICHARDSON'S lectures on "Positive Medicine," delivered at Glasgow, are in course of preparation, and will appear in THE LANCET shortly.

A.K.C. Lond. should consider the conditions of the Durham degree in cases such as his.

ASYLUMS AND THE COUNTY GOVERNMENT BILL.

To the Editor of THE LANCET.

SIR,—I have read with interest your leading article on Asylums and County Boards in THE LANCET of the 6th instant, which shows that you take a warm interest in questions affecting the management of asylums, and the authority, position, and pensions of their medical officers.

You very wisely insist "on the importance of making the medical authority supreme in asylum management," and you say you are "clinging to the hope held out by the County Government Bill of a substantial improvement in this direction"—a hope, I fear, that is not likely to be realised unless some important modification is effected in the Bill. Permit me, therefore, to point out how, in my opinion, the position of the medical superintendent may be improved and secured, his authority strengthened, and his pension made safe. These desirable objects are, I think, fairly met in the sound, judicious, and practical scheme of Dr. Lockhart Robertson, whose able letter on County Lunacy Administration appeared in *The Times* of the 22nd March. He suggests "that the amount of the Government capitation grant, instead of going to the union guardians, be paid by the Treasury to the new County Boards, to be applied to the payment of the two important items in the County Asylum Maintenance rate—viz., the salaries, wages, and pensions, which now average under 3*s.* per week; and secondly, the repairs, alterations, and future extensions of the fabric, which the remaining shilling of the 4*s.* grant would amply cover. The several unions would thus receive a permanent reduction of 3*s.* a week on the asylum maintenance rate, which would then average from 7*s.* to 8*s.*, while the county rate would be directly relieved of the large sums yearly spent on repair, alteration, and enlargement of the asylum fabric. So altered and applied, the Government grant of 4*s.* from the Consolidated Fund would be a direct and permanent relief to the county expenditure, and the needless crowding of the asylum wards with incurable lunatics, idiots, and imbeciles would cease." Dr. Robertson also suggests, following the analogy of the Prisons Bill (as also the Poor-law administration), "that the Government, as represented by the Lunacy Commissioners, should control the appointment and discharge of their officers and servants by the Lunacy Committee of the new County Boards, as also the grant of superannuation pensions under the Lunacy Acts."

These suggestions are, in my opinion, well worthy of inquiry and serious consideration. The April number of the *Journal of Mental Science*, in referring to Dr. Robertson's letter, says: "It seems to us to contain most important suggestions of a highly practical kind, and we hope the Government may embody them in its Bill on the subject."

It seems to me that his proposal has the great merit of more effectually protecting and promoting the interests of the insane poor and of the officers and staff of asylums than the proposal in the County Government Bill, while at the same time affording local relief to the unions and to the county rate by a change in the application of the Government contribution in aid of the local cost of maintenance of pauper lunatics—a contribution which has increased, for England alone, from £340,000 for 1877-78 to £380,000 for 1878-79. Dr. Robertson does not propose to ignore the guardian element, or to exclude it from the future management of county asylums, probably believing that some change in county asylum administration is inevitable sooner or later; but he proposes to control the operation of the guardian element, and to render it as harmless as possible (an element which, if unchecked and uncontrolled, would probably prove disastrous to the interests of the insane poor and to the reputation of county asylums) by limiting the powers of the County Boards, so far as the administration of county asylums is concerned, and placing the appointments, salaries, wages, and pensions of the officers and staff of asylums, as well as the repairs, alterations, and future extensions of the fabric of asylums, under Government control. Depend upon it, the interests of the insane poor and of the staff of asylums would be far safer in the hands of Government authorities, as represented by the Lunacy Commissioners, than in the hands of mixed County Boards so largely composed of the fluctuating element. Another great advantage of Dr. Robertson's scheme is that it would at least tend to diminish, if not altogether remove, the inducement to crowd asylums with chronic and imbecile cases from workhouses. In Derbyshire, as in other counties, the number of chronic cases sent from workhouses to asylums has increased since the Government capitation grant was allowed in 1874.

I cannot agree with you in the remark that "the number of committee-ridden asylums is considerable." That such asylums may be seen in Middlesex in full force is notorious, and perhaps in one or two other counties; but I am disposed to think that the committee-ridden asylum system of management so justly condemned by you does not exist to any considerable extent in England.

Just a few words, in conclusion, in reply to the letter from "A Medical Superintendent" in THE LANCET of the 6th inst., who appears to have been slumbering peacefully whilst the "great guns" of our specialty, as he designates them, have been firing away for some weeks past with telling effect. Nor have the Commissioners in Lunacy been asleep. I believe they are alive to our interests, and when the opportunity arises, as may be the case very soon, they will doubtless be found ready to protect and promote the interests of the insane poor, as well as the interests of the officers and staff of county and borough asylums. It may interest your correspondent to be informed that some of the heads of our specialty—such men as Drs. Bucknill, Lockhart Robertson, and Blandford, and the medical superintendents of Warwick, Hants, Cornwall, Rainhill, and Sussex Asylums—have been actively at work for some weeks past, and I have reason to know with good results so far.

I am, Sir, your obedient servant,

J. MURRAY LINDSAY, M.D.,

April 8th, 1878. Medical Superintendent, Derby County Asylum.

A WISE BEQUEST.

THE condition of convalescent patients on leaving hospital is too much overlooked by those who are willing and able to afford relief to the necessitous poor. Sickness is widely recognised as a fruitful source of extreme poverty among the industrial classes; but the disadvantages which press upon those who, having passed through an acute attack of illness, have to resume arduous toil with as yet but half recovered strength, and with utterly exhausted resources, are not sufficiently held in view. A clause in the will of the late Mr. Frederick Cohen, of Birmingham, may well serve to direct public attention to this point. In accordance with the will of the testator, a sum of £1000 has been handed over by Dr. Balthazar Foster to the General Hospital, Birmingham, for the purpose of founding a special permanent fund for the relief of needy persons leaving the institution. Special trustees of this fund have been appointed.

A Student. — Ranvier's Traité d'Histologie; Quain and Sharpey, 1877. There is, we believe, no French translation of Billroth and v. Pitha's Handbuch.

HOUSE DRAINAGE.

To the Editor of THE LANCET.

SIR,—It is of very great importance that we should be made aware of all possible inlets to houses of sewer gas, and the letter of Mr. Francis Vacher is of value in recording a case in which sewage gas was conducted to a bedroom by a defective rain-water pipe. I would, however, call attention to a commoner and still more objectionable method of carrying rain-water from the front to the backs of houses—viz., by an open "trough-gutter," as it is technically called. This is a rectangular box, made of wood, and lined with lead on bottom and sides, but with the top quite uncovered. Such a trough-gutter is carried from the front to the back, either between the floor and ceilings, where there are rooms with attics above, or, where no attics exist, through the cockloft. In the case of gabled houses there is not unfrequently a room by the side of the cockloft with a direct communication to afford access to the roof between the two. I have traced stinks which had long baffled detection to trough-gutters in both the above situations, and I have no doubt that if they are looked for these open gutters will often be found in the very middle of the best houses. The object of them is to avoid the unsightliness of a stack-pipe in front of a house. They are generally so placed as to open directly over a rain-water head, and when the stack-pipes are used as *ventilators* to the house-drains, as they very frequently but most improperly are, there is nothing to prevent sewer gas finding its way from the stack-pipe to the trough-gutter, and thence directly to the interior of the house.

I am, Sir, your obedient servant,
Lower Seymour-street, April 6th, 1878. C. E. SAUNDERS, M.D.

Medical Officer.—It is imperative that medical officers should, for their own sake, adhere to the strict rule of refusing to attend *any* case without the *preliminary* presentation of an "order." Unless this regulation is observed, it is vain to expect payment afterwards. Of course the humane instinct must in cases of *extreme* emergency impel men to render aid; but in that event they should treat the matter as a piece of pure charity, and neither look nor *ask* for payment.

Dr. Willis.—The "Ten Commandments" are not bad; but our space is hardly pressed.

THE LIVER.

To the Editor of THE LANCET.

SIR,—The enclosed lines were written feelingly by a patient who suffered for some years from hepatic disease. Perhaps they may serve to amuse the readers of THE LANCET.

I am, Sir, yours faithfully,
Oxford, March 27th, 1878. H. M. TUCKWELL.

DE JECORE SUO POETA QUERITUR.

Liver, liver, little liver,
Once so light upon my chest;
Then I needed not to question
Wherefore comes this indigestion
Like a night-mare's-nest!

Liver, liver, swelling liver,
Secret source of many an ill,
Nought can still thy sad commotion,
Blister, lotion, poultice, potion,
No, nor Cockle's pill.

Liver, liver, swollen liver,
So the chain'd Prometheus felt,
When the bird of evil omen
Fattening on his fat abdomen
Peck'd beneath his belt.

Liver, liver, who'll deliver
*When the surging bile boils o'er!
Doctors order (and it's very
Hard) that port, champagne, and sherry
May refresh and make me merry
Never, never more!

* Ita Horatianum illud—
"Difficili bile tumet jecur."

Jonah.—Medicine: Tanner, Roberts, Bristowe, Watson, or Niemeyer. Surgery: Bryant or Erichsen. Midwifery: Leishman or Playfair. Diseases of Women: Barnes. Materia Medica: Garrod or Scoresby-Jackson. Therapeutics: Ringer. Medical Jurisprudence: Guy or Taylor. Public Health: Wilson.

MEDICAL TESTIMONY TO QUACK MEDICINES.

A CORRESPONDENT sends us a few sheets of provincial almanacks, in the advertising part of which the virtues of Woodward's "Gripe Water" are descanted on in the usual fashion. But the most curious thing is to see testimonials in favour of this wonderful medicine from Mr. Worth, M.R.C.S., of Nottingham, and Mr. A. G. Mickley, M.B. Lond. Another almanack advertisement contains what purports to be a long letter to Mr. Woodcock from Mr. Thos. Foster Ker, Surgeon, Manchester, on the virtues of Woodcock's Wind Pills. There are undoubtedly such gentlemen as those above described; but it is incredible that they can have written the letters attributed to them. Some spirit must have done it in their name—a theory which corresponds with the windy and torminous character of the subject. Our correspondent is perhaps not aware that such things are sometimes done without the sanction of the gentlemen whose names are used.

Mr. Thos. Edes.—A minimum of two guineas a day, mileage, and other expenses.

R. H. V.—Dr. West's work.

THE TREATMENT OF MENINGITIS.

To the Editor of THE LANCET.

SIR,—During the past four years it has been my misfortune to meet with six cases of acute meningitis. The ages of the patients ranged from sixteen to twenty-one. Two were females, and four were males. The treatment adopted in each case was that recommended by the late Dr. Tanner—viz., ice to the head, a purge or two of calomel and jalap, and iodide of potassium in eight-grain doses every four hours; blisters to the nape in some of the cases, and support. The patients had all previously been healthy, their family histories good, and belonged to the agricultural and fishing class. In none of the cases had the treatment the slightest effect, and they all ended fatally. A short time ago I got the volume on Nervous Diseases belonging to Reynolds's System of Medicine, and therein I see strongly advocated the treatment of our forefathers—viz., bleeding, hard purging, &c., in this disease. Now, Sir, I am very much disheartened with the failure of the Tanner method in my hands, and I should be very much obliged to anyone who has given the antiphlogistic plan a fair trial if he would communicate his experience of it. It is a frightful disease, and one on which a discussion would be useful. Yours truly,
March, 1878. L.R.C.P. Edin.

Mr. F. E. Ryott.—It is impossible to answer a question of this sort without clear knowledge of the kind of water-supply available. There are many excellent watercloseta of divers sorts, and our correspondent should have little difficulty in satisfying himself as to a particular watercloset. The principal thing to be attended to is that the soil-pipe be amply ventilated after the manner indicated in the model bye-laws as to new buildings recommended by the Local Government Board.

A Subscriber.—It would be unreasonable to hold the agent responsible for the good conduct of either party.

MUSCÆ VOLITANTES.

To the Editor of THE LANCET.

SIR,—Having long been a sufferer from muscæ, and having read several authorities on the subject, and experimented on myself, I beg to offer the following explanation of their origin.

Muscæ usually occur in what are called weak eyes, or those which lachrymate freely when any object is steadfastly gazed at. They pass slowly downwards over the field of vision, and disappear *until the eyes are winked*, when they once more come upon the scene, and vanish as before, only recurring after each spasmodic closure of the eyes. Their occurrence is favoured by staring at some luminous object, as a window on a bright day, or the clear blue sky. My idea is that they are caused by molecules of conjunctival secretion, slowly gliding over the anterior surface of the cornea, and becoming renewed upon the surface of that membrane at each closure of the lids in the act of winking. Does not the circular or beaded, watery and luminous appearance presented by muscæ, warrant this suggestion? Yours &c.,
Edinburgh, April 2nd, 1878. C. F. N., L.R.C.P. Edin.

Mr. C. Smith. — The Dental Practitioners Bill will, if it become law, have the effect of placing the practice of dentistry on an entirely new footing. It is difficult to say what that will be until it is ascertained to what extent the measure as originally drawn may be modified by amendments.

THE BRITISH MEDICAL ASSOCIATION AND THE WOMEN QUESTION.

To the Editor of THE LANCET.

SIR,—The British Medical Association now stands in the anomalous position of having committed itself to frame a bye-law so that "women" cannot be admitted in future; but they will not interfere with the two lady members, Mrs. Anderson and Mrs. Hoggan. Well, this is certainly a nice job. "We don't want women members; we have power to expel them; but *we* (the Council) won't." Now, this matter cannot be allowed to rest. In spite of opposition, I shall give the necessary notices, so that the whole question shall be discussed, according to the bye-laws, at Bath. I am much disappointed that the reporter for the *Journal* has given such a meagre account of the discussion on the lady question, whilst THE LANCET gives more than a column. Why is this? There was no need for compression; but an explanation will be demanded at the proper time, and the various speeches reviewed.

I remain, Sir, yours truly,
Northallerton, April 8th, 1878. HENRY BROWN.

Mr. J. Gidley Moore.—A medical officer, on discovering that his "recommendations" are not acted upon in the matter of "necessaries," should simply—as we have repeatedly pointed out—address a letter to the relieving officer, courteously but briefly and *expressly* giving formal notice that in the event of the death of the patient a medical certificate will be refused. A copy of this communication should be sent by the next post to the clerk of the Board of Guardians. No more can be done. It is illegal to refuse attendance if a formal "order" has been received, and by so doing the medical officer would make himself party to any "neglect" which may be alleged. The course we have indicated is very simple, and will generally prove successful. It is desirable that the letter to the relieving officer be delivered by a responsible messenger into his hands.

A. F.—We are strongly of opinion that dentistry is a part of surgery, and should only be practised by surgeons. Changes in the law are certain to be made at a very early date, and we would advise anyone contemplating practice as a dentist to qualify as a surgeon.

THE BARBER FUND.

To the Editor of THE LANCET.

SIR,—Kindly permit me to acknowledge the following contributions to this Fund, in addition to those already received, making a total of £29 7s.

C. T. Brookhouse, M.D., Deptford	..	£2	2 0
W. Hall, Esq., Lancaster	.. .. ..	1	1 0
G. W. F. Bury, Esq., Lyonsdown	.. ..	1	1 0

I am, Sir, faithfully yours,
Latham House, Crickhowell, April 10th, 1878. PHILIP E. HILL.

Mr. Fisher.—Professor Thiersch's lecture on the Treatment of Wounds by Lister's Method, published in the New Sydenham Society's second series of German Clinical Lectures, contains a full account of the subject, and many references to its literature.

COMMUNICATIONS not noticed in the current number shall receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Bucknill, London; Dr. Brunton; Mr. Holthouse; Mr. Bain, Newark-on-Trent; Captain Marshall Hall, London; Mr. Tait, Tynemouth; Mr. Moore, Ongar; Dr. Slade-King, Ilfracombe; Mr. Bennett, Chester-le-Street; Messrs. Mackey and Co., London; Messrs. Robertson and Scott, Edinburgh; Miss de Macedo, London; Mr. Young, Edinburgh; Dr. Ryott, Newbury; Dr. Robertson, Glasgow; Messrs. Claxton and Co., Philadelphia; Dr. Aikman, Guernsey; Mr. O'Connor, Welshpool; Dr. Bell, Liverpool; Mr. Thompson, Iowa; Messrs. Kilner Brothers, London; Dr. Lindsay, Derby; Mr. Greenwood, London; Dr. Twist, London; Dr. M'Clelland, Cannes; Mr. Brown, Northallerton; Mr. Chaldecott, Dorking; Mr. Gurnell, London; Mr. O'Connor, London; Mr. Fox; Mr. Tamplyn; Dr. Yandell, Louisville; Mr. Johnson; Mr. Robertson, Cheltenham; Mr. Fisher; Dr. Steele, Liverpool; Mr. Gill, York; Mr. R. Owen; Mr. Cooper; Mr. Warren; Mr. Tomlin; Mr. Roberts; Dr. Carter; Mr. Ewing; Mr. Harvey; Mr. Dixon; Mr. J. Shearer; Mr. Walters; Mr. R. White; Mr. Palmer, Langport; Mr. L. Brooke; Mr. Henderson, Lowestoft; Mr. J. Dick; Mr. Cole, Bath; Mr. Deane, Birmingham; Messrs. Meyer and Co., Paris; Dr. Saunders, London; Mr. Ashby, Grantham; Dr. Humble, Patagonia; Mr. Sheppard, Adelaide; Dr. A. W. Fox; Mr. Thomson, Glasgow; Mr. Kenyon; Dr. Tatham, Salford; Mr. Morrish; Mr. Lingley; Mr. Burdett, Greenwich; Mr. Fifield; Dr. Eastes; Dr. Owens, Long Sutton; Dr. Eberle; Mr. W. Lewis; Mr. C. Smith, Northampton; Mr. Hill, Crickhowell; Mr. Julius Cæsar, Shadwell; Dr. Chambers, Truro; Mr. B. Jones, Woodfield; Dr. Edwards, Chester; Mr. H. Broome; Mr. Crane, Bishop Wearmouth; Mr. Goodman; Dr. Hurterfeld, Christiania; Mr. J. R. Branton, Frome; Mr. H. F. Cullam, Canterbury; Mr. Craven, Bala; Mr. Evanson, Peterborough; Mr. Priest, Bath; Mr. Weston; Practice makes Perfect; Miles; J. E. T.; A Farmer; The Registrar-General of Births &c.; X.; Omega; J. B. D., Egham; Surgeon, Essex; A. M. D.; A Lunatic; Ego; Aleph; A. H. M.; St. Mary's Hospital; Cantab.; R. F.; G. H. W.; M.D.; E., Dawlish; T., Gloucester; Surgeon, Mexborough; Peter; A Candidate; L. M.; M.R.C.S.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Glyde; Mr. Cawthra; Mr. Archer; Mr. Allison; Dr. de Watteville; Dr. Finlay; Mr. White; Mr. Morris; Dr. Fergus, Glasgow; Dr. Brady, Derry; Dr. Adkins, Yealmpton; Mr. B. Smith; Mr. Simpson; Mr. Rigden, London; Mr. Shaw, Rochdale; Dr. Gurdon, Hopton; Dr. Satchell, Tunbridge Wells; Messrs. Porteous and Co., Glasgow; Surgeon; R. M., Coventry; B. M.; W. J. W., Sheffield; Medicus, Islington; M.R.C.P.; B., Birmingham; M.D.; F. H. A., Hammersmith; A. Z., Birmingham; Medicus, Manchester; Undergraduate; Spécialté; R. W.; Beta, Brighton, A. No. 3; Alpha, Braintree; A. K., Sutton; C. C., Aberdeen; Alpha, Hastings; H. M., Aberdeen.

Church of England Temperance Chronicle, Light, British Architect, Shield, Animal World, Derby Mercury, Stratford-upon-Avon Herald, Retford News, Alloa Advertiser, Cambridge University Reporter, Social Notes, Evening Express, Cork Constitution, Newcastle Daily Chronicle, Statesman, &c., have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Stewart's Instruments.)

THE LANCET OFFICE, APRIL 11TH, 1878.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radia in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
April 5	29·83	WNW	42	45	..	50	38	..	Fine
" 6	30·17	W.	38	40	..	54	35	0·16	Foggy
" 7	30·22	N.W.	46	49	..	54	35	..	Fine
" 8	30·01	S.E.	43	47	..	53	40	..	Fine
" 9	29·94	E.	42	47	..	53	40	..	Cloudy
" 10	29·96	E.	43	46	..	52	42	..	Cloudy
" 11	29·95	S.E.	45	45	..	47	44	1·37	Raining

Medical Diary for the ensuing Week.

Monday, April 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Owen, "On two Cases of Wry-neck."—Dr. Drysdale, "On Syphilis as a Cause of Aphasia and Locomotor Ataxy."

Tuesday, April 16.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. Diseases of the Lymphatic System (concluded). Specimens by Dr. Hoggan, Mr. Porter (of Netley), Drs. Kesteven, Turner, Dickinson, and Garlick. Also by Dr. Dickinson: Ulceration of the Bowel in connexion with Granular Kidney. By Dr. Ord: (1) Renal Calculi of mixed Carbonate and Phosphate; (2) Specimens of spontaneously Disintegrated Calculi.

Wednesday, April 17.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—8½ P.M. Ordinary Meeting.

Thursday, April 18.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, April 19.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, April 20.

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